

Medical Training Survey 2024 Report

Medical Board of Australia and Ahpra



Welcome

THE 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 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



Table of contents

1. Report sum	mary		7
2. Medical Tra	ining	Survey: objectives and guiding principles	12
	2.1 (Overview of the need for a national survey	12
	2.2 (Objectives and guiding principles of the MTS	12
3. Interpreting	this r	eport	14
	3.1 \$	Sample size and representation	14
	3.2 \$	Statistics	15
	3.3	Tests for statistical significance	15
4. Detailed find	dings		17
	4.1 I	Profile of doctors in training	17
	4.2	Training curriculum	20
	4.3 (Orientation	32
	4.4 /	Assessment	32
	4.5 (Clinical supervision	36
	4.6	Access to teaching	38
	4.7 I	Facilities	41
	4.8		42
	4.9 \	Workplace environment and culture	42
	4.10	Patient safety	51
	4.11	Overall satisfaction	52
	4.12	Pruture career intentions	53
Appendix A.	Detailed methodology		58
	A1	Detailed participant profile	59
	A2	Survey length	60
	А3	Cognitive testing	61
	A4	Completion rate	61
	A5	Development of the survey tool	63
	A6	Data collection processes	66
Appendix B.	Su	rvey questions	70
	В1	Survey questions	71
Appendix C.	Medical Training Survey Steering Committee terms of reference a membership		and 116
	C1 men	Medical Training Survey Steering Committee terms of reference and nbership	117
Appendix D.		dical Training Survey Consultative Forum terms of reference mbership	and 121
	D1 men	Medical Training Survey Consultative Forum terms of reference and nbership	122



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
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
RVTS	Remote Vocational Training Scheme



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, sexual harassment, harassment, discrimination and/or racism	These four terms were defined in the survey as: 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. Sexual harassment
	Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where the possibility of that reaction could be reasonably anticipated in the circumstances.
	Harassment (excluding sexual 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.
	4. Discrimination (excluding racism)
	Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation.
	5. 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.



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Term	Definition
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:
	▶ 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. 2024). 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 2024 MTS. This is 24,812 individuals. Of the submitted surveys, 96.2% were eligible for analysis (23,859 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.

Overall satisfaction

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

- ▶ 81% recommending their current training position to other doctors (versus 6% who wouldn't), and
- 80% recommending their current workplace as a place to train (versus 6% who wouldn't).

Only a small number of specialist trainees (1%) indicated they did <u>not</u> intend to continue in their specialty training program and 3% of IMGs reported they did <u>not</u> intend to continue on a pathway to general or specialist registration. A similar proportion of interns (3%) and prevocational and unaccredited trainees (2%) reported that they did 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, 86% reported there were opportunities to meet the requirements of the intern education program in their current setting
- ▶ 56% of prevocational and unaccredited trainees reported having a training/professional development plan. Of these, 85% reported there were opportunities to meet the requirements of the plan in their current setting, and
- ▶ 89% 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 GP trainees, the Remote Vocational Training Scheme (RVTS). There were positive ratings for a number of aspects, including trainees' understanding of what they need to do to meet their training requirements (specialist non-GP trainees: 89% strongly agree/agree; specialist GP trainees: 90%) and the training programs being relevant to their development (specialist non-GP trainees: 88% strongly agree/agree; specialist GP trainees: 91%).



Comparatively, access to mental health and wellbeing support received lower ratings. Less than half of the specialist trainees agreed that their college had provided access to psychological or mental health support (specialist non-GP trainees: 40%; specialist GP trainees: 53%), with a similar proportion agreeing that there were safe mechanisms for raising training/wellbeing concerns with the college (specialist non-GP trainees: 43%; specialist GP trainees: 63%).

Orientation

More than nine in ten doctors in training (95%) received an orientation, with majority receiving a formal orientation (68%) compared to an informal one (26%). Three in four (76%) trainees rated their orientation as 'excellent' or 'good', with only 4% rating it as 'poor' or 'terrible'.

Assessment in the current setting

At the time of completing the survey, seven in ten trainees (excluding interns) had had their performance assessed in their setting (71%) with one in seven (14%) trainees scheduled to be assessed. There were notable differences between the cohorts as to whether they had received an assessment. For example, results showed prevocational and unaccredited trainees were less likely to have received an assessment compared to all other cohorts (55% of prevocational and unaccredited trainees received an assessment compared to 85% of IMGs, 80% of specialist GP trainees and 71% of specialist non-GP trainees).

Exams

Two in five (39%) specialist trainees indicated they had sat their college exams at the time the survey was conducted (August-early October 2024).

Among those who had sat an exam, seven in ten agreed the information the college provided about the exam(s) was accurate and appropriate (71%), three in four agreed that the exam(s) was conducted fairly (76%) and four in five agreed that the exam(s) ran smoothly on the day (83%). However, there was a higher level of dissatisfaction with the utility and speed of exam feedback, with two in five disagreeing/strongly disagreeing that the feedback was useful (36%) or timely (41%).

Clinical supervision

Almost all doctors in training (98%) had a clinical supervisor. Specialists (including specialist GPs) largely shouldered the responsibility for the day-to-day supervision of doctors in training (74%), with registrars (21%) the second most likely to supervise trainees. Nearly nine in 10 (87%) doctors in training rated their clinical supervision as 'excellent' or 'good', with just 2% rating it as 'poor' or 'terrible'.

The quality of supervision was highly rated for helpfulness (86%) and accessibility (86%). However, the regularity of feedback, both informal (69%) and formal (62%), and discussions about goals and objectives (67%), were not rated as highly.

Access to teaching and opportunities for development

Teaching sessions were rated as 'excellent' or 'very good' by 84% of doctors in training, with only 2% rating them as 'poor' or 'terrible'. Four in five trainees agreed that their employer supports them attending formal and informal teaching sessions (79%). However, there was a lower level of agreement that trainees had access to protected study time/leave (69%) or were able to participate in research activities (55%).

More prevocational and unaccredited trainees (53%) reported having to compete with other doctors to access teaching and opportunities for development, compared to all other doctors in training (specialist non-GP trainees (46%), IMGs (40%), interns (35%) and specialist GP trainees (31%)).



Nearly all doctors in training had sufficient opportunities to progress their skills in communication (97%), clinical skills (96%), theoretical knowledge (92%), cultural safety (91%), and ethics (90%). However, only two-thirds felt as though they had the opportunity to develop skills and knowledge in research (65%).

Nine in ten agreed teaching in the course of patient care (bedside teaching) was a useful educational activity in their development as a doctor (89%). There was a lower level of agreement that online modules (65%) and practice-based audits (56%) were useful educational activities.

The day-to-day job responsibilities of almost two thirds (64%) of doctors in training 'rarely' or 'never' prevented them from meeting their training requirements. However, the remaining third of trainees (36%) reported that their job inhibits their training requirements sometimes/often.

Facilities

The quality of facilities available for training in settings, was reported as 'excellent' or 'good' for internet reliability (78%), educational resources (77%), teaching spaces (68%) and working spaces (66%).

Workplace environment and culture

Three in five (62%) of doctors in training reported working more than 40 hours on average per week, including one in ten (9%) who worked more than 60 hours on average per week.

Half of all doctors in training (47%) rated their workload as 'heavy' or 'very heavy'. In addition, one in five (21%) indicated that working unrostered overtime 'always' or 'most of the time' had a negative impact on their training. Payment for unrostered overtime occurred at least 'most of the time' for 71% of survey respondents.

Aspects of the workplace that caused adverse impacts to trainee wellbeing 'always' or 'most of the time' included the amount of work expected (25%), having to relocate for work (24%), dealing with patient expectations (21%), a lack of appreciation (19%), dealing with patients' families (19%), and having to work unpaid overtime (18%).

Four in five doctors in training (81%) knew how to access support for their health (including for stress and or other psychological distress). Similarly, four in five respondents (81%) indicated that their workplace supported staff wellbeing.

In the 12 months before completing the survey, 21% of doctors in training reported experiencing bullying, sexual harassment, harassment, discrimination and/or racism in their workplace, with 29% witnessing this behaviour. Overall, one in three doctors in training (33%) reported they had either experienced and/or witnessed this behaviour, which includes an overlap of those who had both witnessed and experienced bullying, sexual harassment, harassment, discrimination and/or racism. This was higher for Aboriginal and/or Torres Strait Islander trainees, with one in two (54%) reporting they had experienced and/or witnessed bullying, harassment, discrimination and/or racism. The most common type of behaviour experienced or witnessed was bullying (experienced: 12%, witnessed: 18%). Of those who experienced or witnessed bullying, harassment, discrimination and/or racism, the most common source was senior medical staff (e.g. consultants, specialists) (experienced: 44%, witnessed: 47%). Patients and/or family members/carers (experienced: 42%, witnessed: 44%) and nurses and midwives (experienced: 31%, witnessed 36%) were also reported as a source of bullying.

Of those who had <u>experienced</u> bullying, harassment, discrimination and/or racism and had indicated that the person responsible was a staff member or colleague, half (52%) reported that the person was in their team. With 40% indicating that this person(s) was their supervisor.

One in three (33%) doctors in training who had <u>experienced</u> bullying, harassment, discrimination and/or racism reported it. Half of these (48%) were aware the report had been followed up and two thirds (66%)



were satisfied with how the report was followed up. This compares to one in four (26%) doctors in training who <u>witnessed</u> bullying, harassment, discrimination and/or racism reporting the incident, of which two in five (44%) were aware that the report had been followed up. Seven in ten (71%) respondents in this group were satisfied with how the report was followed up.

Of those who had <u>experienced</u> bullying, harassment, discrimination and/or racism and did not report the incident, there was often a concern about repercussions (52%) and feeling that nothing would be done if it was reported (46%).

Seven in ten (69%) doctors in training who had <u>experienced</u> bullying, harassment, discrimination and/or racism indicated that the incident had adversely impact their medical training. Four in ten (38%) rated this impact as moderate/major.

Over four in five of doctors in training (85%) reported knowing how to raise concerns about such behaviour, three in four (78%) reported they had the confidence to do so and four in five (81%) said that bullying, harassment, discrimination and/or racism was not tolerated in their setting.

Patient safety

Nine in ten doctors in training (91%) knew how to report concerns about patient care and safety and a similar proportion felt confident to do so (90%). Over eight in ten reported that the culture in their current setting involved proactively dealing with such concerns (86%) and they had received training in their setting on how to provide culturally safe care (83%). Among those who had received training, a similar proportion (84%) of doctors in training rated training on how to raise concerns about patient safety as 'excellent' or 'very good', while 2% of doctors reported that they did not receive training about how to raise concerns about patient safety.

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 place in a specialist college training program, with 45% not concerned about successful completion or attaining a place versus 35% who agreed they were concerned. Similarly, respondents provided mixed ratings about their feelings towards securing employment post completion of their training or pathway with two in five (38%) disagreeing they are concerned compared with a similar proportion (41%) who agreed they are.

Future career intentions saw three in four (76%) doctors in training indicating an interest in getting involved in medical teaching. One in two (52%) doctors in training indicating an interest in medical research and a similar proportion indicating an interest in Aboriginal and Torres Strait Islander healthcare (50%) and rural practice (47%). One in five (19%) doctors in training agreed they are considering a future outside medicine.



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

Consistent with previous years, the 2024 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 2024 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 the question whether trainees would recommend their current workplace as a place to train. The national response was 80% would recommend their current workplace, and this varied from:

- ▶ 77% to 85% by doctor in training cohort
- 77% to 82% by jurisdiction
- ► 56% to 84% by college.

Results for 2024 are broadly consistent with results from previous years, however, there are some differences of note including the range of scores narrowing within cohort, jurisdiction and college subgroups.

Comparisons of data from 2019 to 2024 are available at https://medicaltrainingsurvey.gov.au/Results/Create-your-own-report.

Looking forward to the 2025 MTS

There was a very positive response rate for the survey in its sixth 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 2025 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 MedicalTrainingSurvey.gov.au 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	▶ Identify how best to improve medical training in Australia
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 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 seeks feedback from doctors in training. 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=24,812 or 53.4%) invited to participate in the MTS responded to the survey. 96.2% (n= 23,859) 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= 20,524 completed the MTS (at least 75% of the survey), giving a maximum margin of error \pm 0.6 percentage points 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 50.6% and 49.4%, 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: Standard deviation is a statistical measure that indicates how much the individual data points in a data set differs from the mean (average) value of the set. A low standard deviation means that the data points tend to be close to the mean, while a high standard deviation indicates that the data points are spread out over a wider range of values.
- 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.



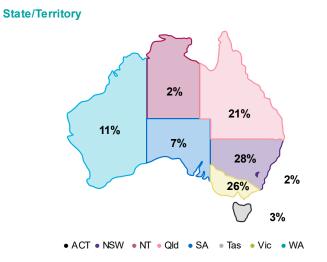
Detailed findings



4. Detailed findings

4.1 Profile of doctors in training

TRAINING SETTING



Base: Total sample (2024 : n = 22.092)

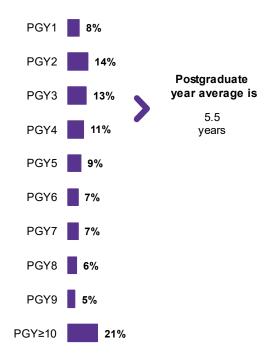
In which state or territory is your current term/rotation/placement based? Q4.

Region



Total sample (2024: n = 23,054) Base: Is your current setting in a ...?

POSTGRADUATE YEAR



Base: Total sample (2024: n = 23,835) What is your postgraduate year?

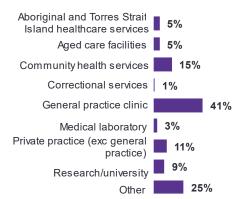
Facility



Total sample (2024 : n = 23,354)

Is your current position/term/rotation/placement predominantly in a hospital?

Additional settings worked in



Total sample excluding not applicable

(2024: n =8,399)

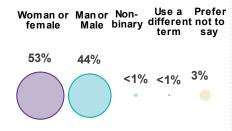
Select any additional settings you work in / Which settings Q5c.

do you work in?



DEMOGRAPHICS

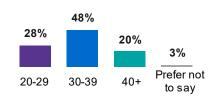
Do you identify as...



Base: Total sample (2024 : n = 19,891)

Q55. Do you identify as...?

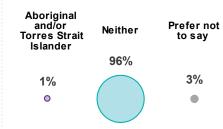
Age in years



Base: Total sample (2024 : n = 19,294)

Q56. What is your age?

Cultural background

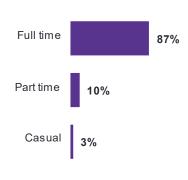


Base: Total sample (2024 : n = 19,998)

57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander

person?

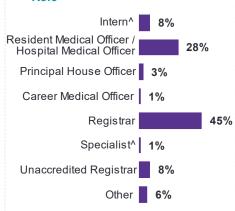
Employment



Base: Total sample (2024 : n = 23,835)

Q2. Are you employed:

Role



Base: Total sample (2024 : n = 23,022). Q7. What is your role in the setting?

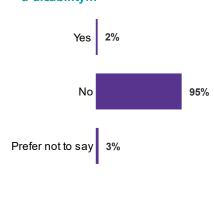
Primary degree



Base: Total sample (2024 : n = 20,576)
Q58a Did you complete your primary med

8a. Did you complete your primary medical degree in Australia or New Zealand?

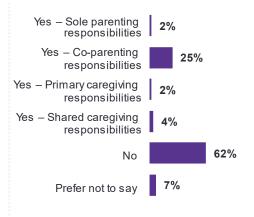
Do you identify as a person with a disability...



Base: Total sample (2024 : n = 19,993) Q60. Do you identify as a person with a

disability?

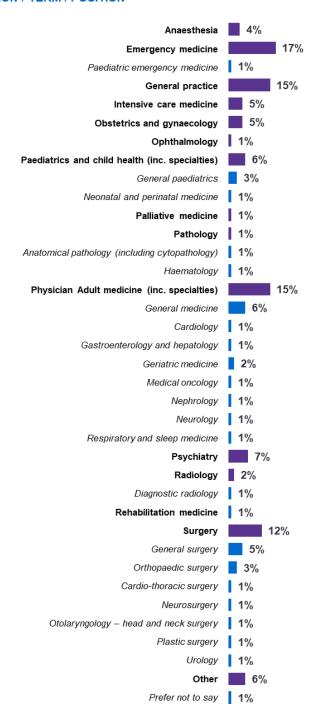
Caring responsibilities



Base: Total sample (2024 : n = 19,981)
Q61. During your usual work week do you spend time providing unpaid care, help, or assistance for family members or others?



CURRENT ROTATION / TERM / POSITION



Base: Total sample (n=22, 858). Specialties in **bold**, subspecialties in *italics*.

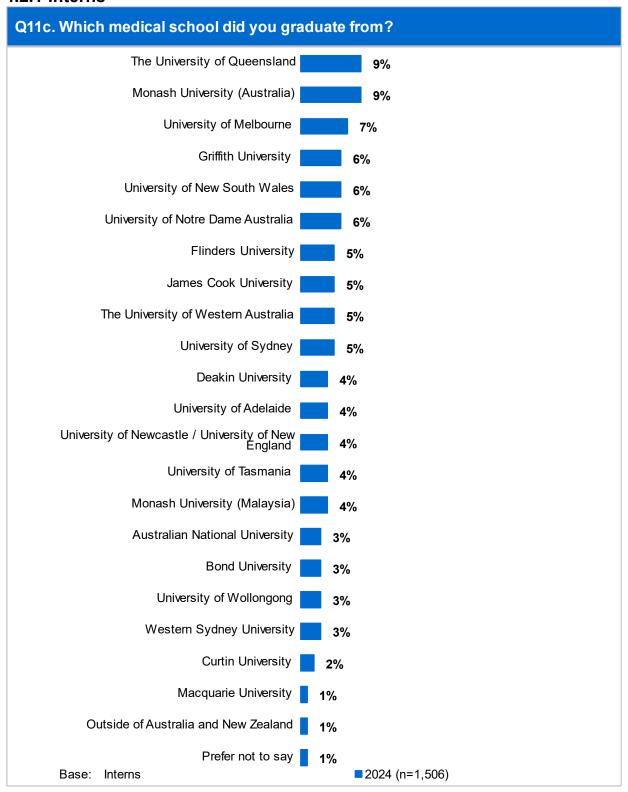
Note: Codes receiving <1% of responses not shown, including **specialties**: Addiction medicine, Dermatology, Medical administration, Occupational and environmental medicine, Public health medicine, Radiation oncology, Sexual health medicine; subspecialties: Chemical pathology, Clinical genetics, Clinical pharmacology, Community child health, Diagnostic ultrasound, Endocrinology, Forensic pathology, General pathology, Gynaecological oncology, Infectious diseases, 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 pharmacology, Paediatric endocrinology, Paediatric gastroenterology and hepatology, Paediatric haematology, Paediatric intensive care, Paediatric intensive care medicine, Paediatric medical oncology, Paediatric neurology, Paediatric nuclear medicine, Paediatric palliative medicine, Paediatric rehabilitation medicine, Paediatric respiratory and sleep medicine, Paediatric rheumatology, Paediatric surgery, Pain medicine, Reproductive endocrinology and infertility, Rheumatology, Sport and exercise medicine, Urogynaecology, Vascular surgery.

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

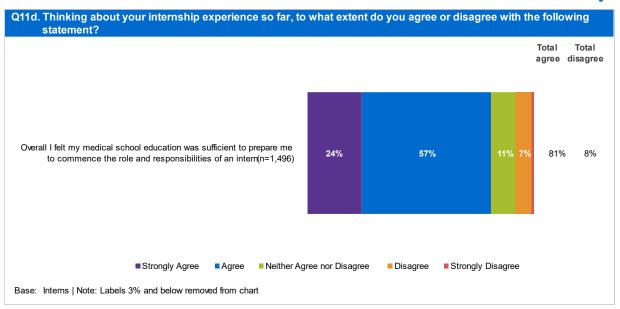


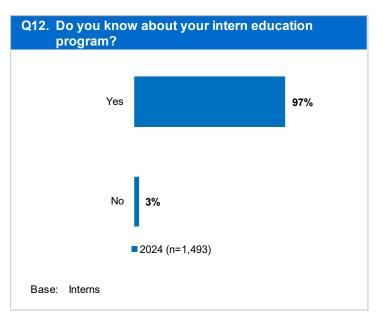
4.2 Training curriculum

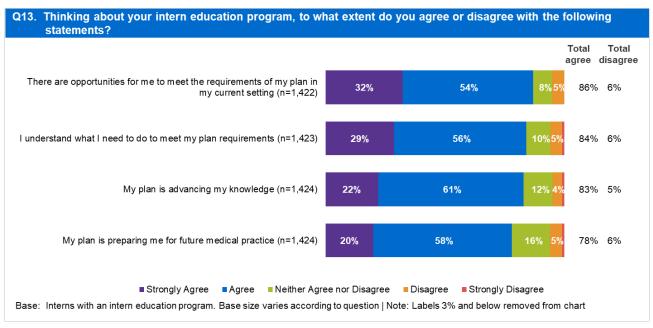
4.2.1 Interns





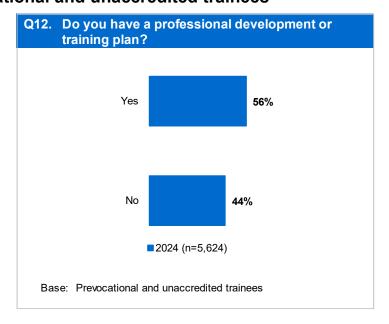


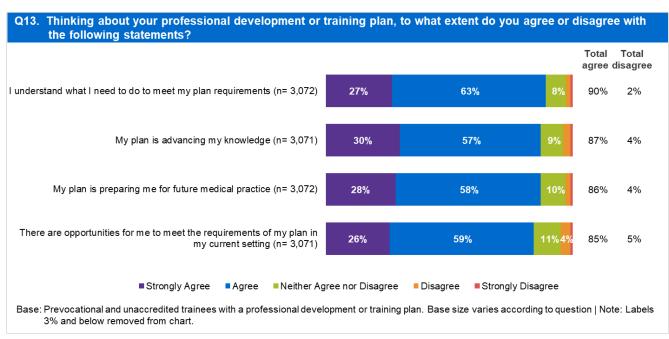






4.2.2 Prevocational and unaccredited trainees





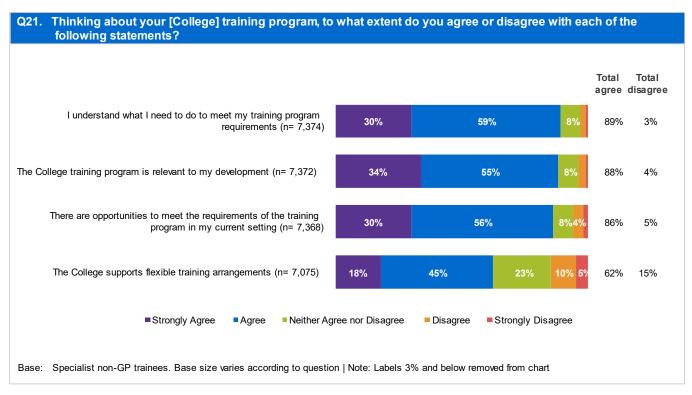


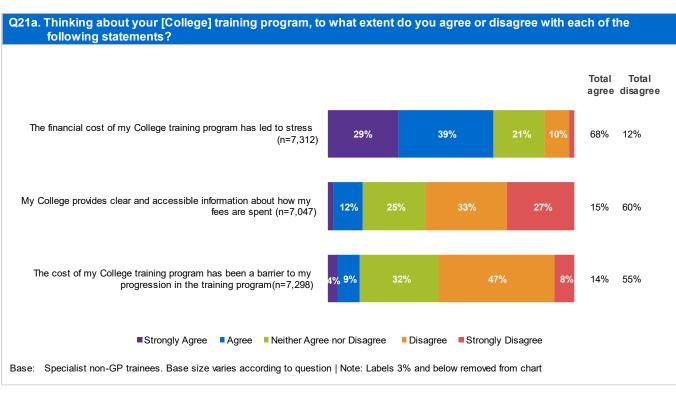
4.2.3 Specialist non-GP trainees

Q14. Which specialist training program(s) are you doing?



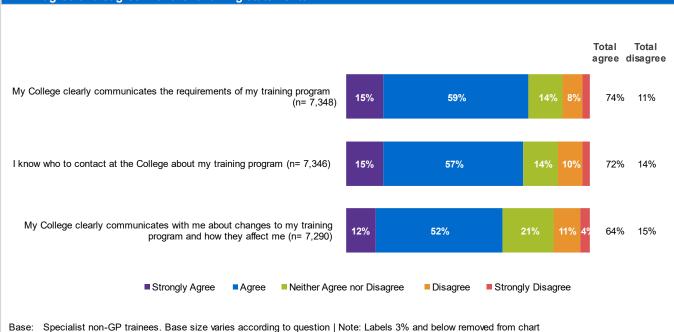


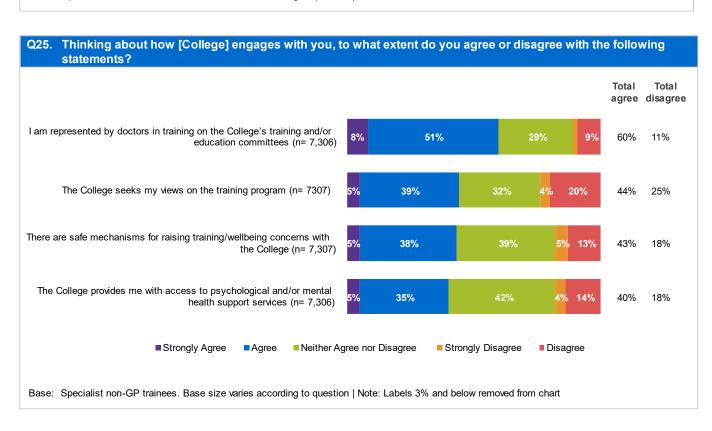






Q22. Thinking about how [College] communicates with you about your training program, to what extent do you agree or disagree with the following statements?

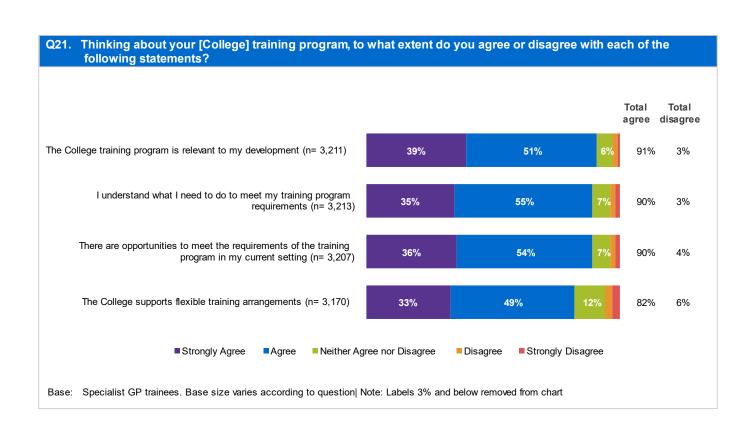






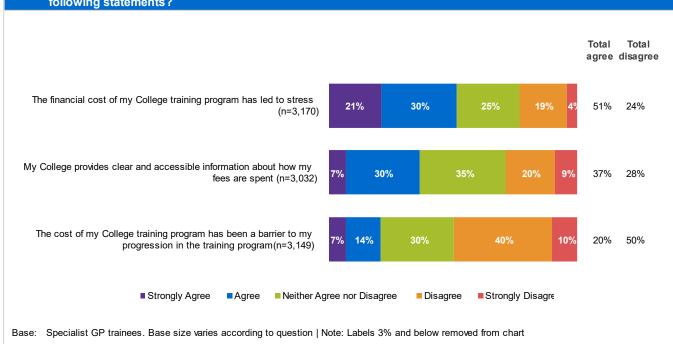
4.2.4 Specialist GP trainees

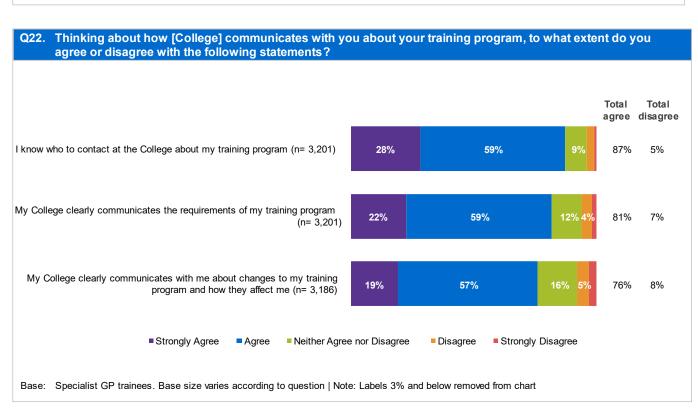






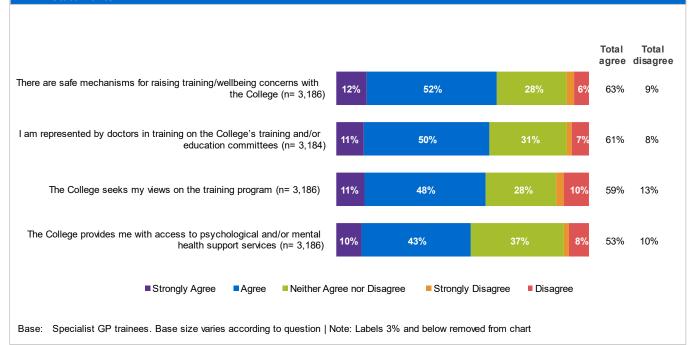


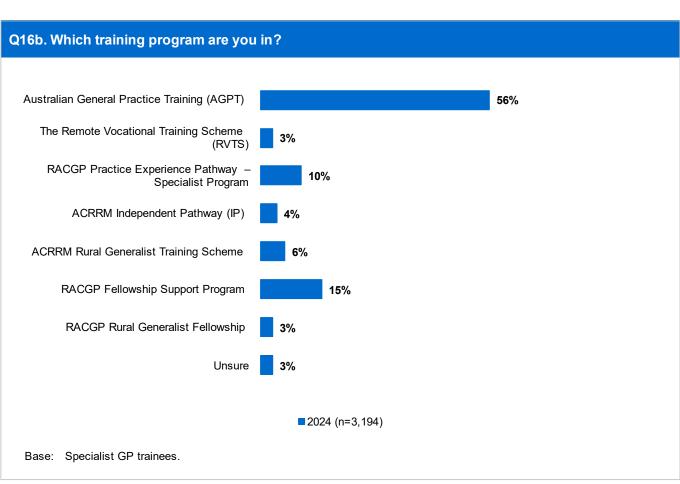






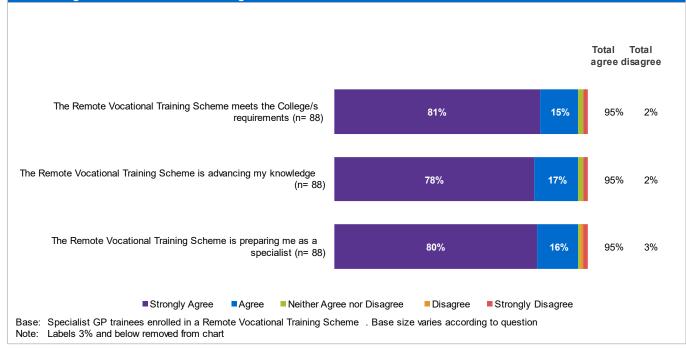
Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?

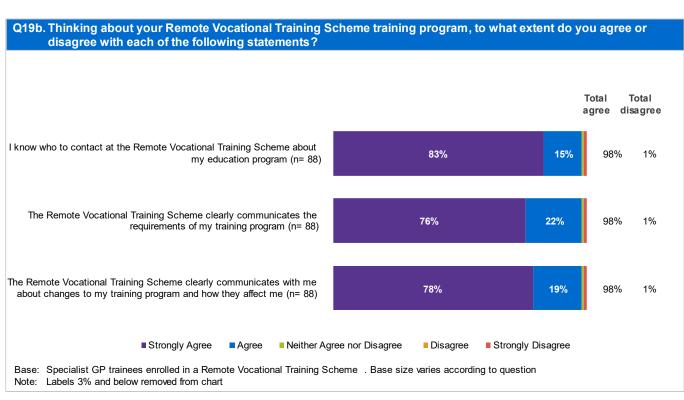




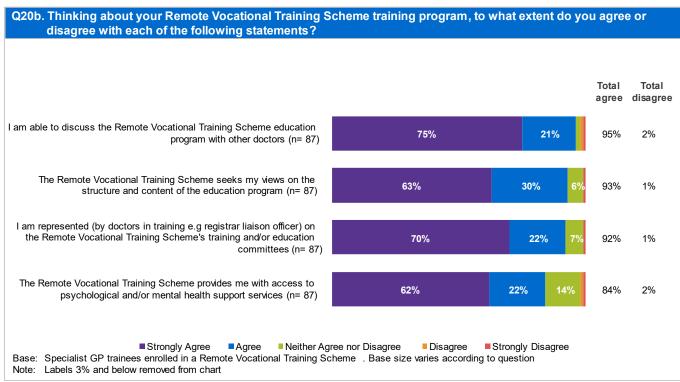


Q18b. Thinking about your Remote Vocational Training Scheme training program, to what extent do you agree or disagree with each of the following statements?

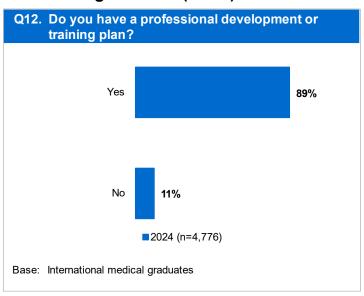




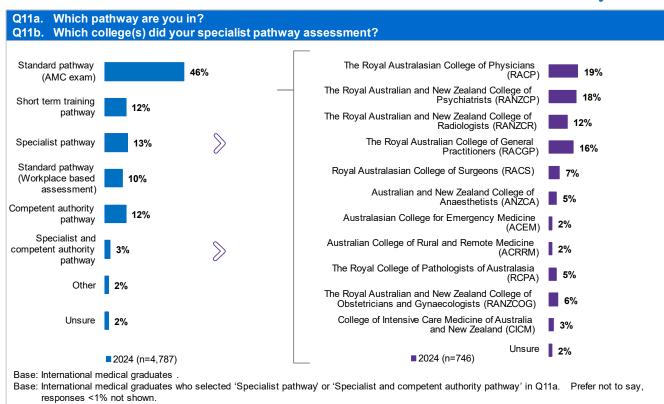




4.2.5 International medical graduates (IMGs)



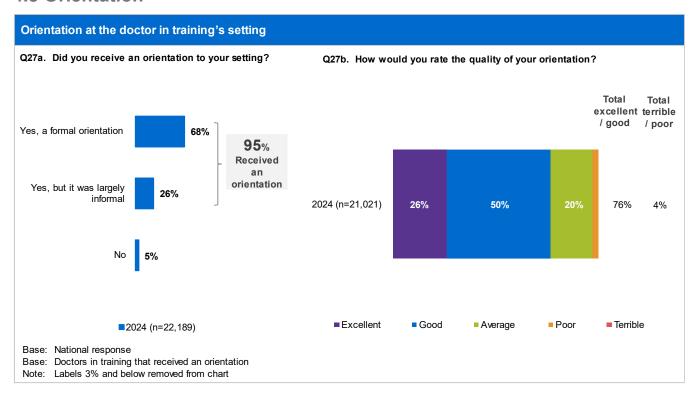




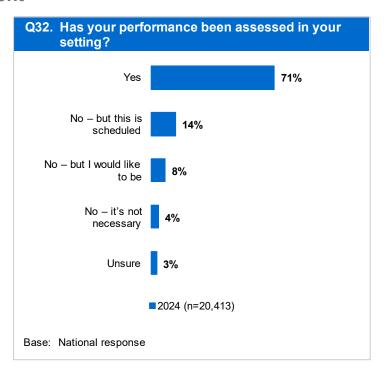




4.3 Orientation

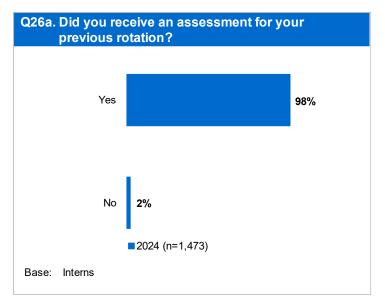


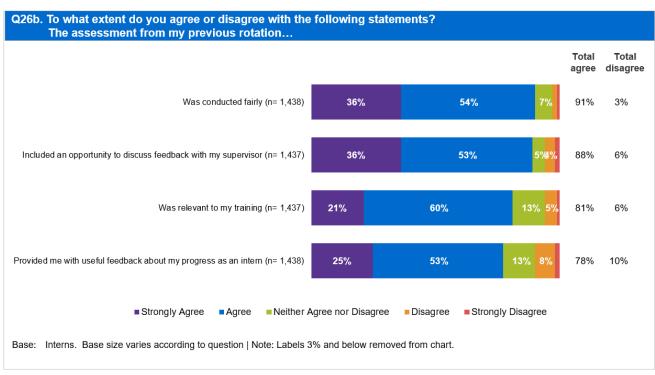
4.4 Assessment





4.4.1 Interns

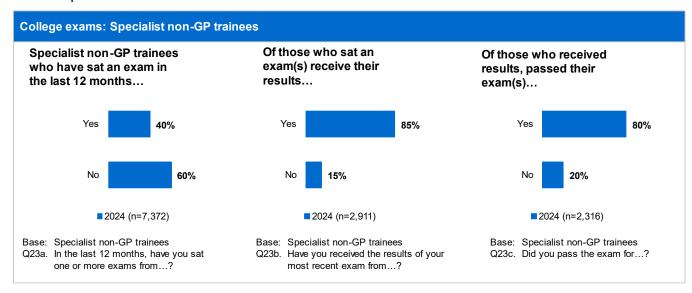


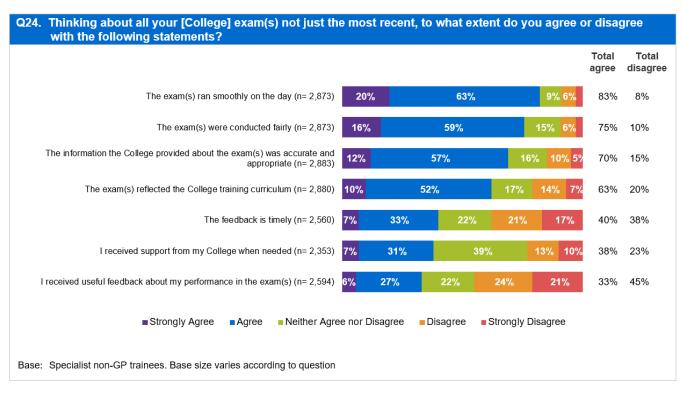




4.4.2 Specialist trainees - exams

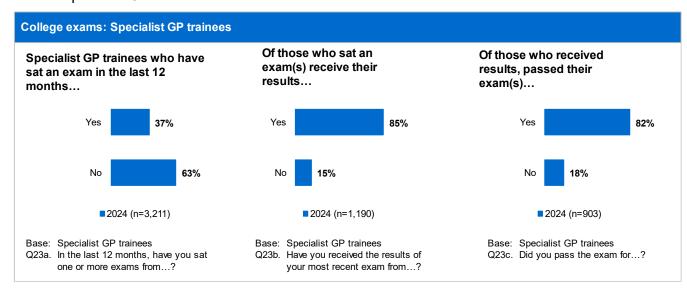
4.4.2.1 Specialist non-GP trainees

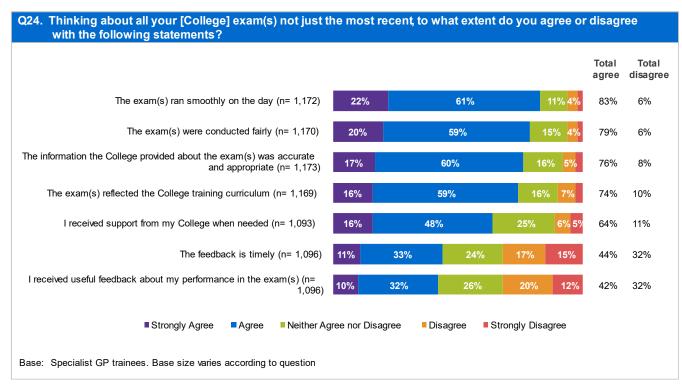






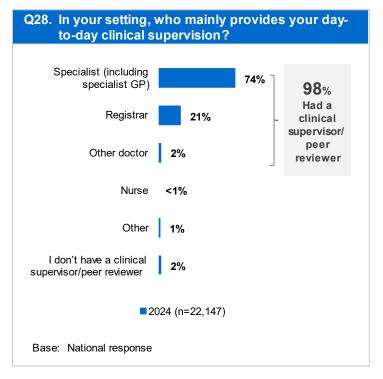
4.4.2.2 Specialist GP trainees

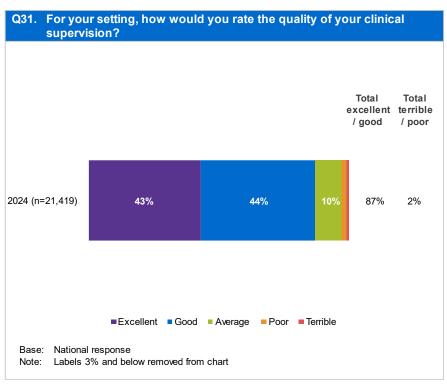




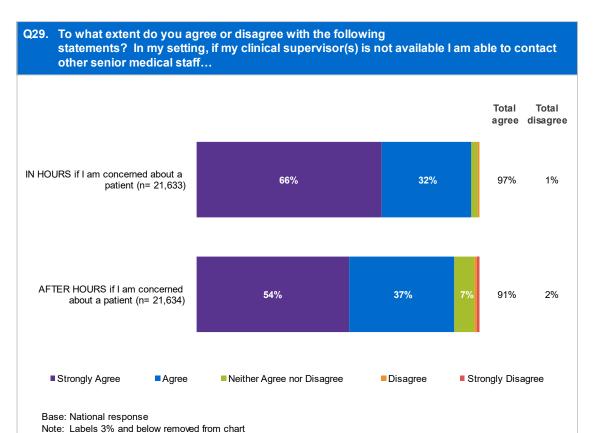


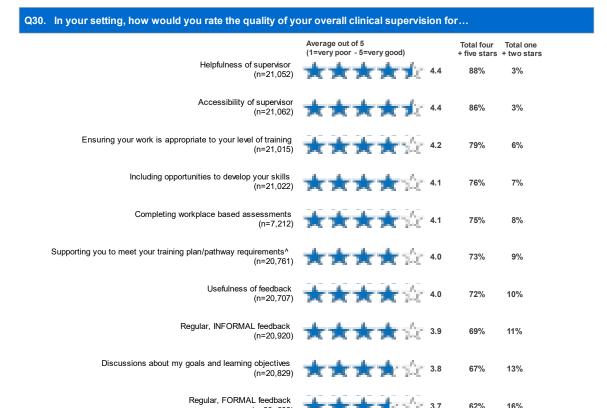
4.5 Clinical supervision











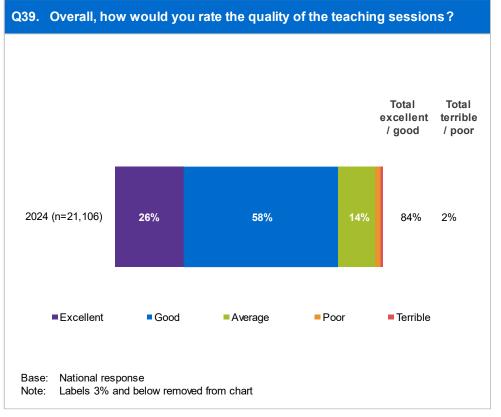
Base: National response | Note: The question marked with a ^ was shown to interns as "Supporting you to meet your intern educat ion program requirements".

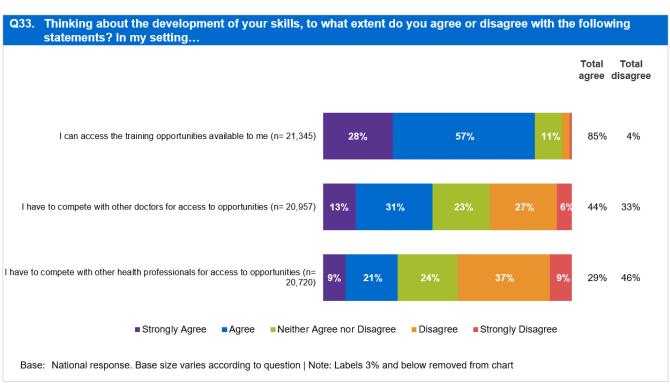
⋆ Average

(n=20, 693)

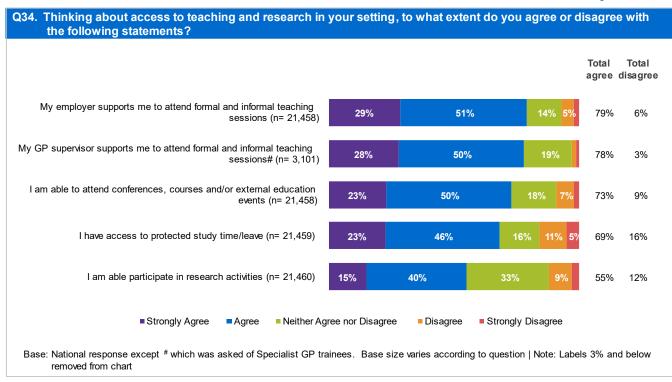


4.6 Access to teaching

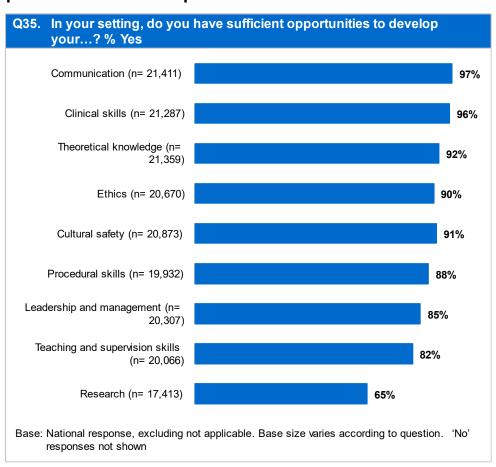




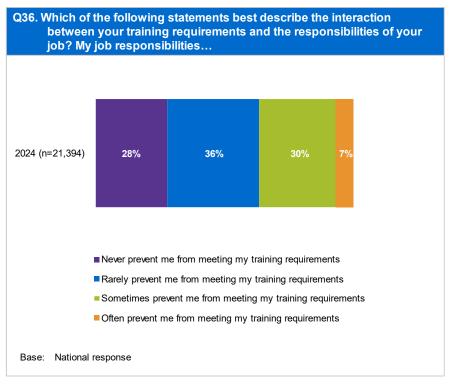




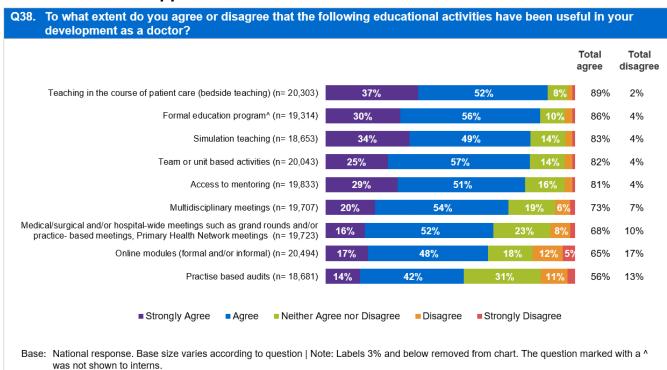
4.6.1 Opportunities for development





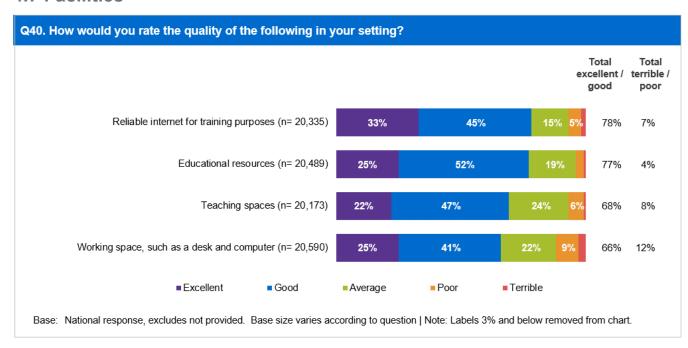


4.6.2 Educational opportunities usefulness





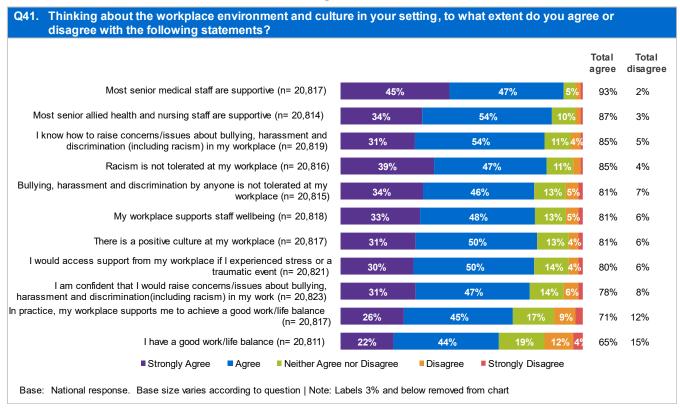
4.7 Facilities



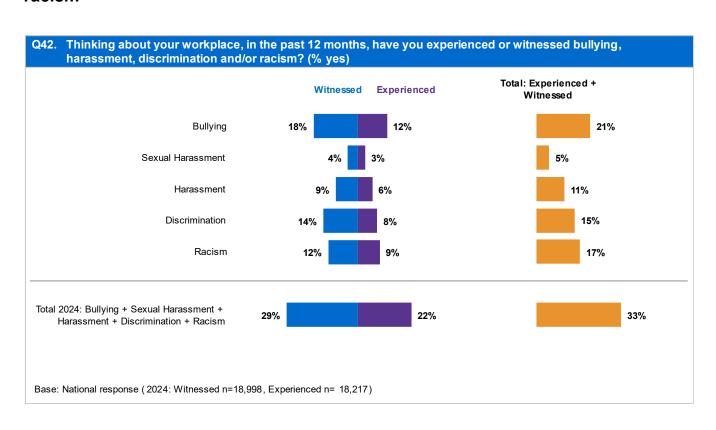
4.8

4.9 Workplace environment and culture

4.9.1 Culture within the trainee's setting

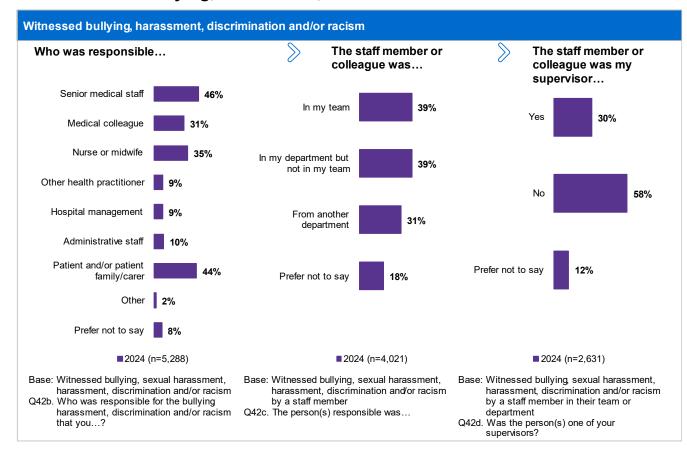


4.9.2 Experienced/witnessed bullying, harassment, discrimination and/or racism

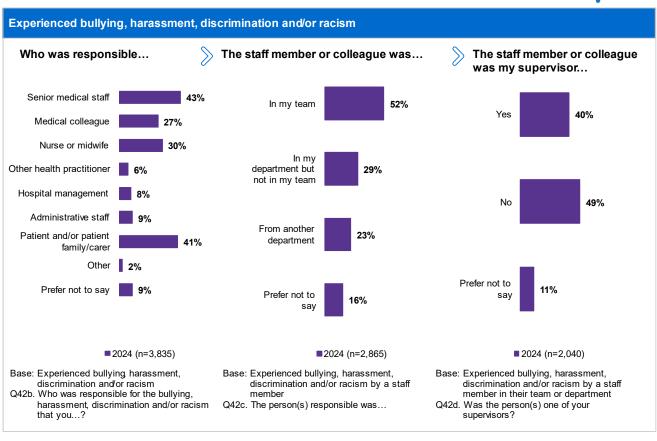




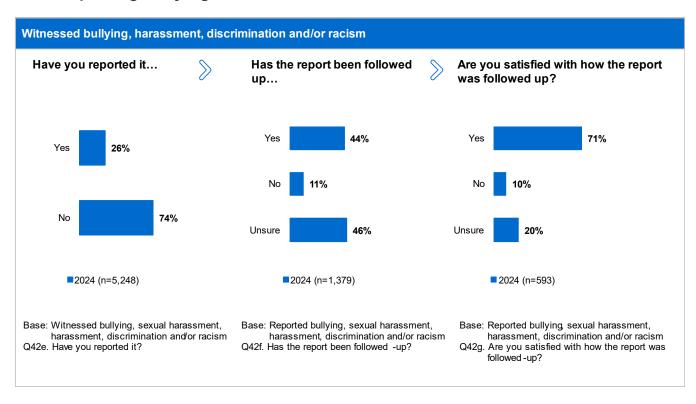
4.9.3 Source of bullying, harassment, discrimination and/or racism



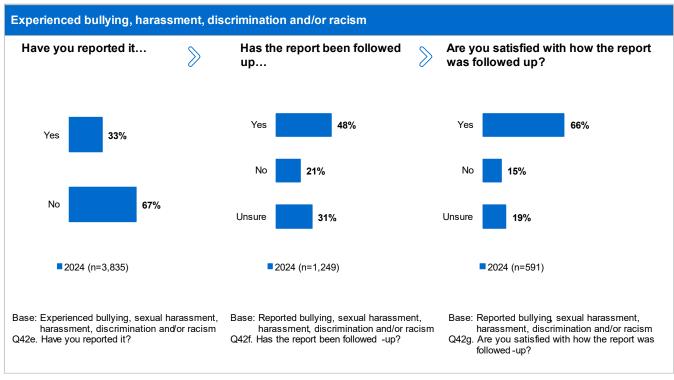




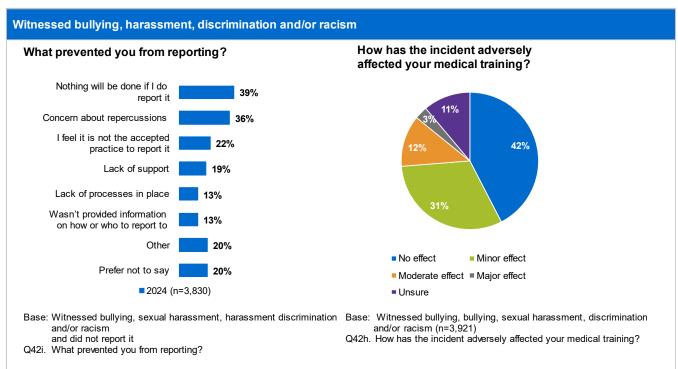
4.9.4 Reporting bullying, harassment, discrimination and/or racism



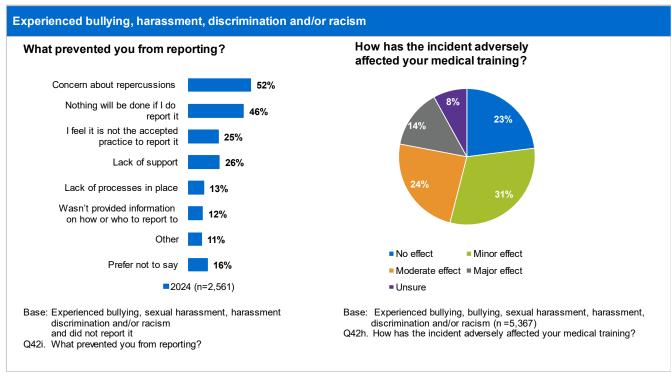




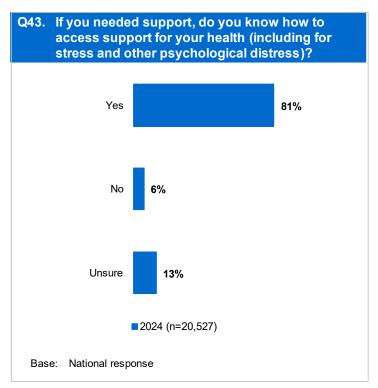
4.9.5 Impact of bullying, harassment, discrimination and/or racism





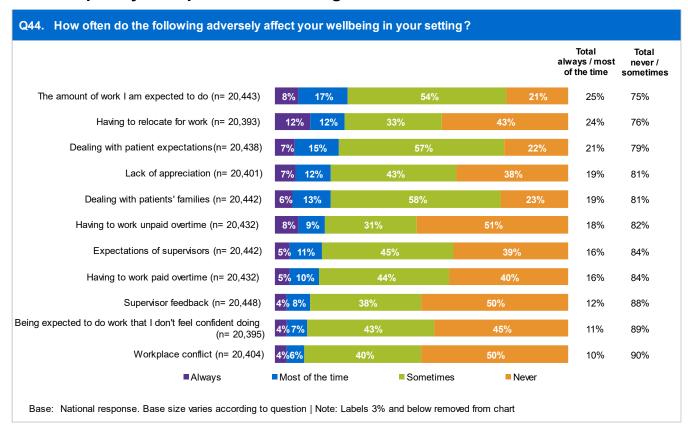


4.9.6 Doctors in training who know how to access support for their mental and physical health



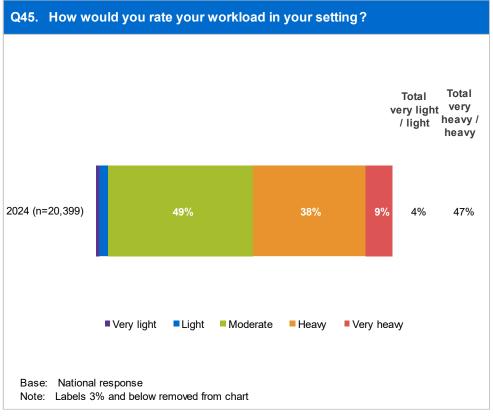


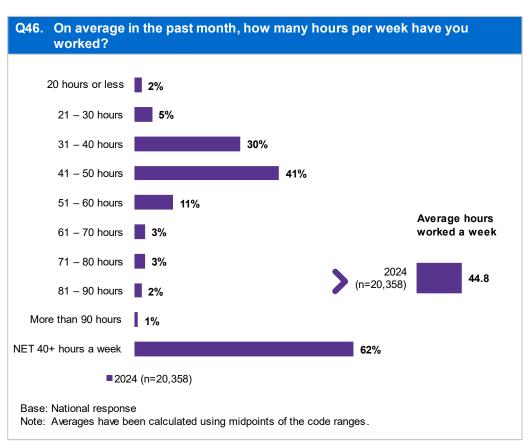
4.9.7 Frequency of impacts on wellbeing





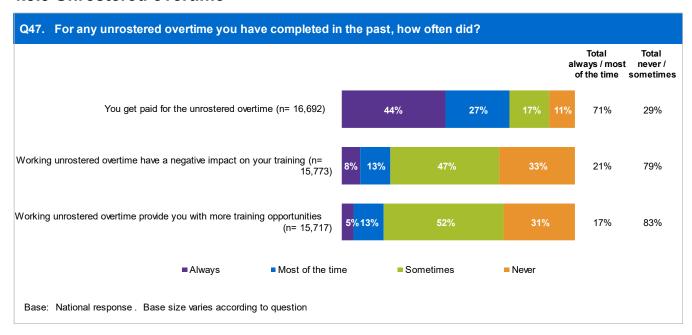
4.9.8 Ratings of workload



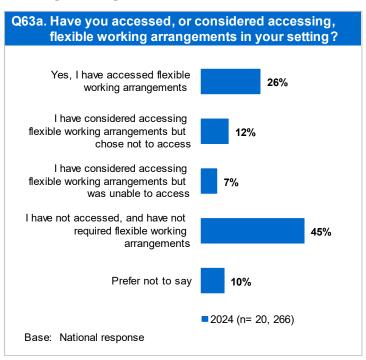




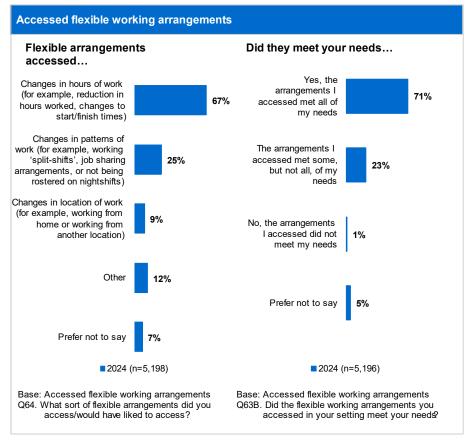
4.9.9 Unrostered overtime

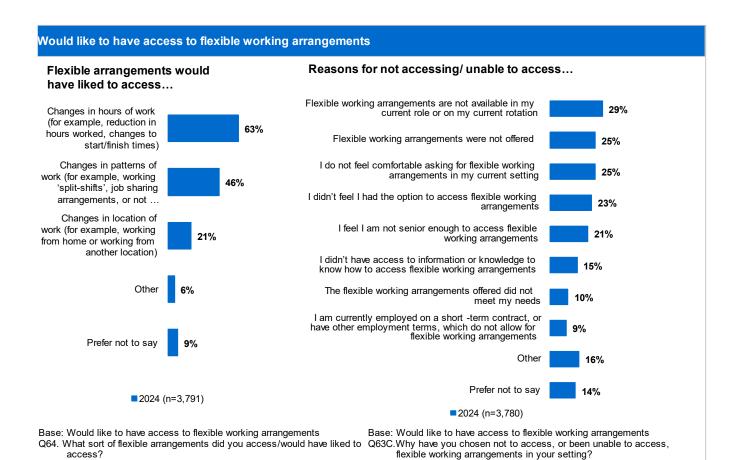


4.9.10 Flexible working arrangements



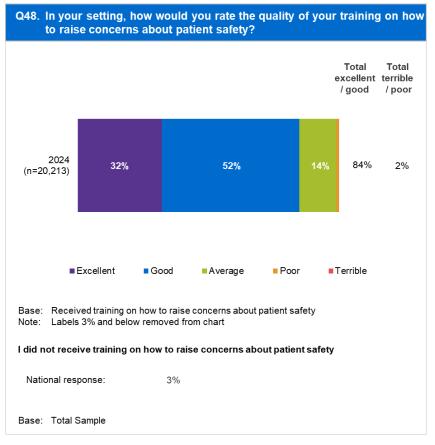


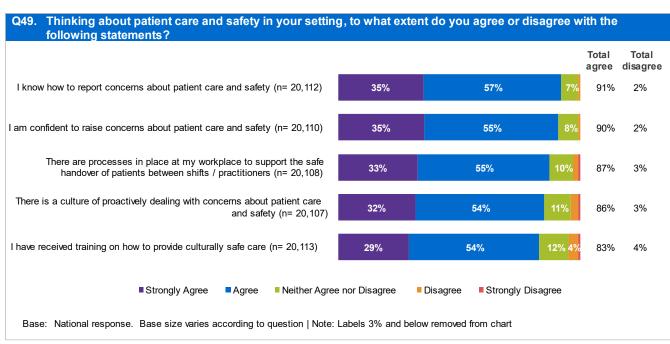






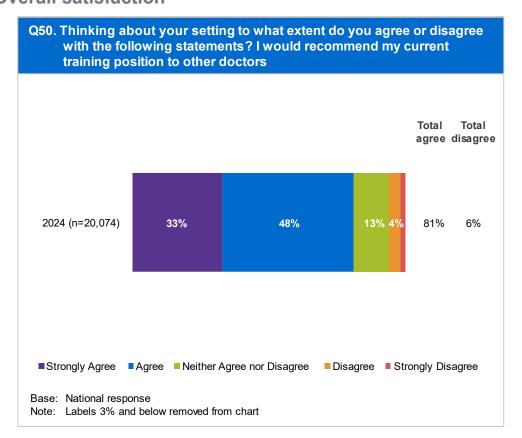
4.10 Patient safety

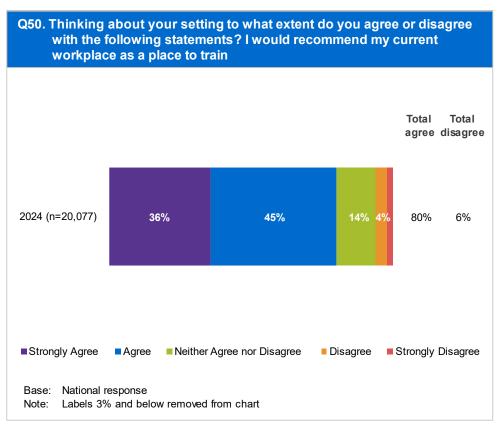






4.11 Overall satisfaction

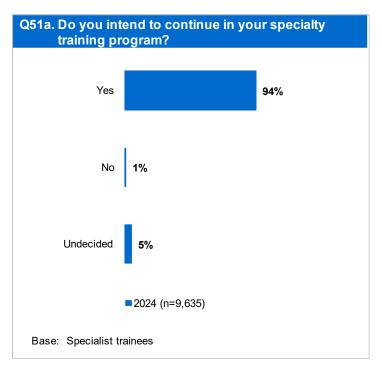






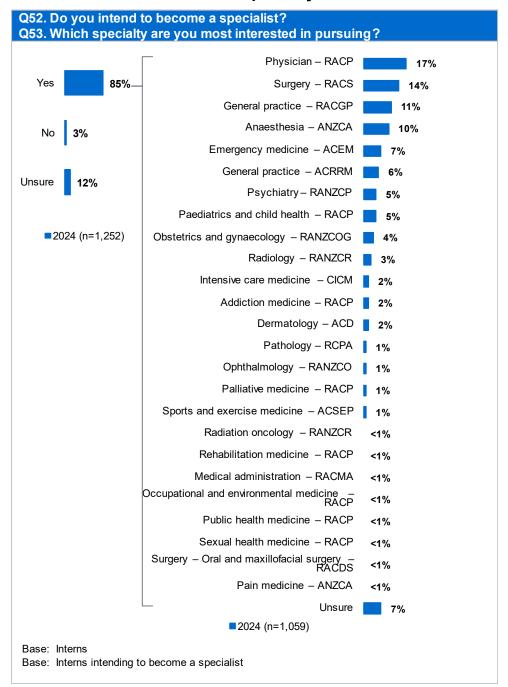
4.12 Future career intentions

Specialist trainees



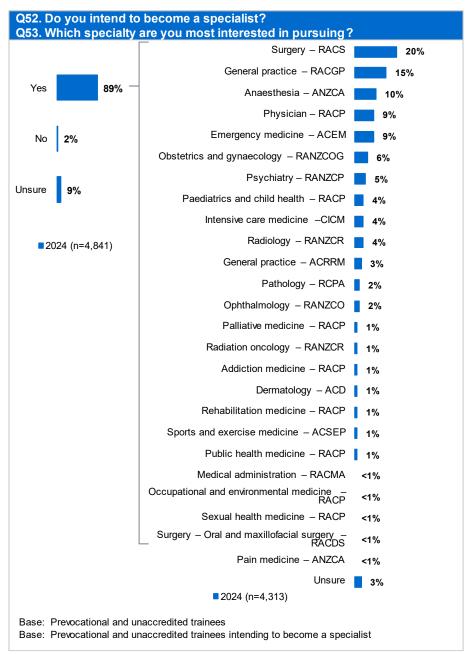


4.12.1 Interns - interest in a specialty



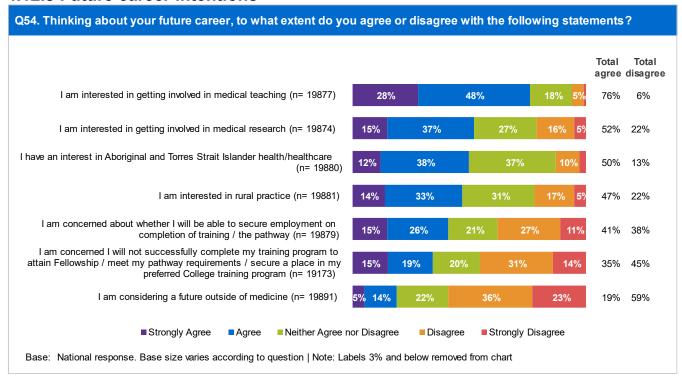


4.12.2 Prevocational and unaccredited trainees - interested in a specialty



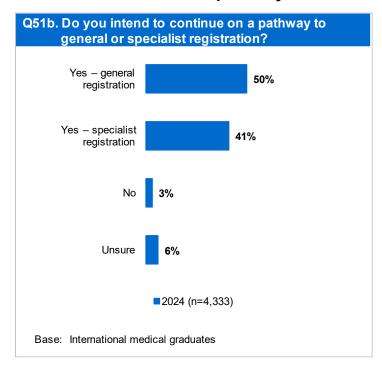


4.12.3 Future career intentions





4.12.4 IMGs - intention to continue on a pathway





Appendix A. Detailed methodology





A1 Detailed participant profile

2024 - survey responses included for analysis										
	TOTAL*	Interns	Prevocat- ional and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs				
2024 - TOTAL	23,586	1586	5869	7922	3289	4897				
State /Territory										
ACT	528	47	123	209	33	116				
NSW	6,534	376	1,574	2,306	1,002	1,276				
NT	410	31	115	105	85	74				
QLD	4,996 377		1,183	1,641	804	991				
SA	1,694	132	411	411 610		339				
Tas.	689	44	158	183	114	190				
Vic.	6,064	409	1,505	2,154	691	1,305				
WA	2,648	170	800	714	358	606				
Location										
Metropolitan area	14,822	1,019	4,133	5,992	1,084	2,594				
Regional area	6,520	481	1,407	1,541	1,263	1,828				
Rural area	1,499	34	117	85	892	371				
Do not wish to specify	213	4	55	59	49	46				

^{*}Note: n=273 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	20,524	1,281	4,924	6,818	3,048	4,453				
Average number of sessions per complete#	1.5	1.9	1.3	1.2	1.3	2.3				
Average time taken per complete#	15.1	15	11.9	13.6	15.9	21.3				
Partial* surveys										
Total partials	3,062	315	945	1,104	241	457				
Average number of sessions per partial#	1.5	2	1.2	1.3	1.5	2.5				
Average time taken per partial#	4.3	4.8	3.8	4.5	6.2	6.3				

^{*} See definitions for complete and partial from the previous table. Note: n=273 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=6 cognitive tests were conducted in 2024.

The cognitive tests aimed to:

- confirm survey content areas with respondents, specifically around new questions on workplace settings, sexual harassment, flexible working arrangements and interns' experiences.
- flag any content areas not understood by respondents
- b 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 was a total of n=23,859 responses to the 2024 MTS that were eligible for analysis. This figure represents 52.5% of the total number of doctors in training invited to complete the survey (n=46,440), minus any terminated from those invited (n=975) 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, 87% of responses (n=20,524) eligible for analysis are completed surveys, with the remaining proportion considered as partials.

A4.1 Partials

The proportion of partially completed surveys comprises 13% 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?
- ▶ 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...?



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 a 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 in the survey from year to year. 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), Australian Indigenous Doctors' Association (AIDA) the Australian Medical Association (AMA), postgraduate medical councils, Medical Council of NSW, Doctors' Health Services and the Australian Private Hospitals' Association (APHA). 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 2023 and 2024 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, added or deleted:

Amendments

All doctors in training

- Intro. Introduction text
 - Intro text under the heading 'Medical Training Survey' has been shortened, while text under the subheading 'How to complete to the survey' has been expanded substantially.
- Q5c. [IF Q5a=1-Hospital] Select any additional settings you work in.

[IF Q5a=2-Not Hospital] Which settings do you work in?

- o Option 6 'Medical laboratory' added
- Option 7 'Private practice (exc general practice)' added; Option 7 'Research/university' added
- Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?
 - o Option 9 'Practice-based audits' added
 - Option 5 amended to include 'Primary Health Network meetings'
- Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?
 - o Option 12 'Most senior allied health and nursing staff are supportive' added
- Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?
 - Option 6 'Sexual Harassment' added
 - o Option 2 amended to 'Harassment (excluding sexual harassment)'
 - Option 4 amended to 'Discrimination (excluding racism)', with 'age' added to description text.
 - Option 4 also moved to be below Option 3 'Racism'
- Q42b. Did you report it?
 - o Option 5 'Hospital management and administrative staff' split into two separate codes.
- Q46. On average in the past month, how many hours per week have you worked?
 - o Added underline to 'per week', as question has hovertext.
- ▶ Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?
 - o Option 6 'I did not receive training' added

Interns, International Medical Graduates and Pre-Vocational trainees

Q13. To what extent do you agree or disagree with the following statements?



 Option 1 'My intern education program is helping me to continue to develop as a doctor' was removed

Specialist GP trainees

- Q16b. Which training program are you in?
 - Option 3 amended to 'RACGP Practice Experience Pathway Specialist Program'

Specialist GP trainees and Specialist Non-GP trainees

- Q23a. In the last 12 months, have you sat one or more exams from...?
 - Instruction text amended to '(Please select one response only)'
- Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?
 - Option 3 'I am able to discuss the College training program with other doctors' was removed

Interns and Pre-Vocational trainees

- Q55. Do you identify as...?
 - o Option 4 'I use a different term' added

Additions

All doctors in training

- Q100. If you or someone you know would like support in relation to anything you may be experiencing at work, please reach out to the Employee Assistance Program (EAP) offered by your training provider or the drs4drs service provided within your state for confidential mental health support. You also may wish to contact the police if you have witnessed or experienced a criminal offence while at work.
 - o This is a note for respondents, rather than a question.

Interns

- Q11c. Which medical school did you graduate from?
- Q11d. Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?

Specialist GP trainees and Specialist Non-GP trainees

Q14a. You indicated that you have trained at the following specialist training program(s) at RACP. For each, please indicate if you are participating in the Basic or Advanced training program.



Q21a. Thinking about your [INSERT COLLEGE FROM Q14] {Q15} training program, to what extent do you agree or disagree with each of the following statements?

A6 Data collection processes

The Medical Training Survey (MTS) collected data through responses to an online survey. We received responses from n=24,812 doctors in training, with n=23,589 responses eligible for analysis (i.e. currently training in Australia) between 25 July to the 9 October 2024.

In total, 46,440 doctors in training were invited to participate in the survey. The response rate for the survey was 53.4%, 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 2024 MTS began with a survey pilot. On 25 July 2024, a subset of interns and IMGs were sent an email invitation to participate. Pilot data was reviewed to identify any technical issues, including unexpected dropouts. The helpdesk was closely monitored in the event that respondents had unforeseen issues.

A6.3 Full launch

The full launch of the 2024 MTS aligned with the opening of the medical registration process on 5 August 2024. 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, non-accredited 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=975 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=22 participants later indicated they were not doctors in training.

Out of scope surveys												
	2024		2023		2022		2021		2020		2019	
	n=	%	n=	%	n=	%	n=	%	n=	%	n=	%
Total terminated after commencing survey	1,039	100%	961	100%	948	100%	933	100%	936	100%	539	100%
Terminated reason												
On extended leave for current rotation	587	56%	544	57%	565	60%	588	63%	565	60%	335	62%
Outside Australia for current rotation	366	35%	348	36%	290	31%	285	31%	309	33%	174	32%
Career medical officers with no intention of undertaking further postgraduate training in medicine	64	6%	48	5%	53	6%	49	5%	55	6%	25	5%
Not a doctor in training (including IMGs who have general registration)	22	2%	21	2%	40	4%	11	1%	7	1%	5	1%



A6.6 Final sample

The final sample available for analysis for 2024 is shown below, with a comparison with 2019, 2020, 2021, 2022 and 2023.

Sample structure											
		20:	24		2023	2022	2021	2020	2019		
	No of completes#	No of partials [^]	Total included in analysis	Maximum margins of error [*] +/-	Total included in analysis						
TOTAL	20,524	3,335	23,859	0.6	22,337	22,135	20,671	20,915	9,378		
Interns	1,281	315	1,596	2.7	1,321	1,053	1,191	1,360	786		
Prevocatio nal and unaccredit ed trainees	4,924	945	5,869	1.4	5,825	5,799	5,448	5,158	1,953		
Specialist non-GP trainees	6,818	1,104	7,922	1.1	8,423	9,251	8,846	9,020	3,510		
Specialist GP trainees	3,048	241	3,289	1,7	3,299	3,470	3,128	3,132	1,390		
IMGs	4,453	457	4,910	1.4	3,247	2,302	1,926	2,126	1,700		
Unknown trainee type [~]	N/A	273	273	N/A	222	260	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:

[^] Completed at least one question of the survey but did not progress past the 75% mark to be considered complete.

[~] 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.

Appendix B. Survey questions

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 the [COHORT] questions.

Medical Training Survey

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

The MTS is being administered by an independent research agency, EY Sweeney, and will take approximately 15 minutes to complete.

Survey descriptions

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.

Click here for more information about participation.

Click here for more information about the Medical Training 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 the link that appears at the bottom of each page.

How to complete the survey

Participants can use their mouse to "Click" the relevant circles or boxes to mark their selection with a black dot or a tick.

[REGISTERED MEDICAL PRACTITIONERS] Participants may close the survey down and re-enter at the departure point. To do so, use the link in the confirmation of registration email.

[INTERNS/ INTERNATIONAL MEDICAL GRADUATES ONLY] Participants may close the survey down and re-enter at the point of departure. To do so, use the link in the email invitation.

Once the participant has completed the questions on a page you click the "Next" button to proceed to the next screen.

In order for answers to be sent, the participant must click the "Submit" button at the end of the survey.

For any technical problems with the survey, participants can send an email to the email address that appears at the bottom of each page.

Please press **NEXT** to continue.



Medical Training Survey

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.

Your part in the MTS

- Participation in the MTS is voluntary. You may withdraw from participating in the MTS at any time without providing a reason.
- . The questions you will be asked relate to your experience of medical training in Australia.
- The extent to which the Medical Board of Australia (MBA) can strengthen medical training in Australia depends
 on well considered feedback. The MBA welcomes this feedback, as there are always opportunities to improve
 medical training in Australia.
- When completing the MTS, we ask that you do not provide responses with personal information or information that may reasonably identify an individual.
- The MBA and Ahpra acknowledge that participation in the MTS and reflections on medical training might cause discomfort or even distress. For this reason, you may skip questions at any time 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.

To maintain confidentiality and anonymity of MTS responses, the MTS is being administered by EY Sweeney, an independent and accredited market research agency. EY Sweeney is independent of Ahpra and the MBA.

EY Sweeney will aggregate the MTS data and disclose it to Ahpra and the MBA in a de-identified report, taking steps to remove any personal information or information that could reasonably re-identify an individual.

MTS data will be collated into jurisdiction specific and/or medical specialty specific reports, however participant anonymity will be maintained in such reports. Only de-identified and aggregated data will be published.

Information participants provide in the MTS will be stored and handled securely. EY Sweeney uses 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/privacy).

For access to EY Sweeney's Privacy Policy, click here (http://eysweeney.com.au/contact-us/privacy-policy).

Use and sharing of MTS data

The MBA and Ahpra anticipate using the MTS data to:



- provide organisations with the de-identified MTS 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. Stakeholders may apply the
 aggregated MTS data to improve medical training in Australia.

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;
- EY Sweeney will not provide individual MTS responses to third parties outside of the MBA and Ahpra.

Data Management

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

EY Sweeney stores data in secure cloud based servers, located in Australia.

Contact

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

For any technical problems with this survey, a participant should contact EY Sweeney via phone on 1800 983 160 or via e-mail at medicaltrainingsurvey@au.ey.com (this email appears as a hyperlink at the bottom of each page of the survey).

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 complaint to another body, the participant may contact the membership body for market and social research, The Research Society, on (02) 9566 3100 or the participant can visit https://researchsociety.com.au/



READER NOTE: Respondents do not see codes (numbers) in the questions nor the headings in black boxes. Text in square brackets, or prefaced by PROGRAMMER 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: AUDIENCES FOR THIS SURVEY ARE SPLIT INTO 5 COHORTS:	[INS] Interns O 01
	International Medical Graduates O 02
	[PVT] Prevocational Trainees O 03
	[SNT] Specialist Non-GP Trainees (Default entry for 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.

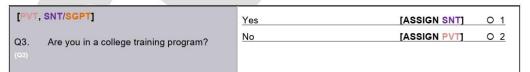
[IMG, PVT, INS, SNT/SGPT]	PGY1	0 01
Q1. What is your postgraduate year?	PGY2	0 02
Please select one response only.	PGY3	0 03
	PGY4	0 04
	PGY5	0 05
	PGY6	0 06
	PGY7	0 07
	PGY8	0 08
	PGY9	0 09
	PGY≥10	0 10
[IMG, PVT, INS, SNT/SGPT]	Full time	0 1
Q2. Are you employed:	Part time	0 2
Please select one response only.	Casually	0 3
(Q61)	On leave for most of your current rotation	TERMINATE 1 O 99

TERMINATE 1:

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

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

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



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



PVT, INS, SNT/SGPT]	ACT	0 01
In which state or territory is your current	NSW	0 02
term/rotation/placement based?	NT	0 03
	QLD	0 04
	SA	0 05
than two weeks, please select the state or	Tas.	0 06
	Vic.	0 07
	WA	0 08
	Outside Australia TERMINATE 2	0 09
	In which state or territory is your current term/rotation/placement based? If you have only been practising or training in your current state or territory for less	In which state or territory is your current term/rotation/placement based? 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. NSW NT QLD SA Tas. Vic. WA

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,	PVT, INS, SNT/SGPT]	Yes	0 1
Q5a.	SHOW IF PVT, INS, SNT/SGPT Is your current term/rotation/placement predominantly in a hospital? SHOW IF IMG Is your current position in a hospital? If you have only been practising or training in your current term/rotation/position or placement for less than two weeks, please consider your previous setting.	No	0 2
	oonena, jean promoue coming.		
{Q8a}			
[IMG,	PVT, INS, SNT/SGPT]	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 01
[IMG,	PVT, INS, SNT/SGPT] F Q5a=1 (G8a=1)	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 01 O 02
[IMG,		PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	24 - 27 1972-19
[IMG, ASK I	F Q5a=1 (04a=1) Which hospital do you work at? If you work at more than one hospital,	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 02
[IMG, ASK I	F Q5a=1 (08a=1) Which hospital do you work at?	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 02 O 03
[IMG, ASK I	F Q5a=1 (04a=1) Which hospital do you work at? If you work at more than one hospital, select where you spend most time.	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 02 O 03 O 04
[IMG, ASK I	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(Q2)	0 02 0 03 0 04 0 05
[IMG, ASK I	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 weeks, please consider your previous	Other	O 02 O 03 O 04 O 05 O 06
[IMG, ASK I	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		0 02 0 03 0 04 0 05 0 06 0 97



<u></u>	•	
[IMG, PVT, INS, SNT/SGPT]	Aboriginal and Torres Strait Islander health service	□ 01
ASK IF Q5a=1 (Q5a)	Aged care facility	□ 02
Q5c. Select any additional settings you work in.	Community health service	□ 03
	Correctional services	□ 04
This question refers to your additional clinical settings/workplace, not your role/rotation/position.	General practice clinic	□ 05
<u>sexango/workplace</u> , not your role/rolation/position.	Medical laboratory	□ 06
ASK IF Q5a=2 (Q8a)	Private practice (exc general practice)	□ 07
Q5c. Which settings do you work in?	Research/university	□ 08
	Other	□ 97
Please select all that apply	Not applicable	0 98
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. [05c]		
[IMG, PVT, INS, SNT/SGPT]		
ASK IF Q5a=2 OR Q5b=97 OR Q5b=98 ELSE	Metropolitan area (e.g. capital city – Sydney, Melbour Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra	
PIPE FROM DATABASE (08a=2/Q8b=97/98)	Regional area (e.g. within or less than 15km from a to	
Q6. Is your current setting in a?	population of at least 15,000 that is not a capital city)	0 2
go. 15 your ourront setting in a	Rural area (e.g. more than 15km from the closest tow	
Please select one response only.	population of at least 15,000)	03
HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at	Do not wish to specify	O 99
least 2 weeks have been completed as part of your training.		
{Q62}		
[IMG, PVT, SNT/SGPT]	SHOW IF IMG Intern	0 1
07 140 11 11 11 11	Resident Medical Officer / Hospital Medical Officer	0 2
Q7. What is your role in the setting?	Principal House Officer	0 4
Please select one response only.	Career Medical Officer	0 6
HOVERTEXT FOR 'SETTING'	Registrar	0 7
Setting is the current or most recent	SHOW IF IMG Specialist	0 8
workplace, placement or rotation where at least 2 weeks have been completed as part	Unaccredited Registrar	0 9
of your training.	Other	O 97
(Q4)		
222.4	I	
[IMG, PVT] ASK IF Q7=6 (04=6)	Yes	0 1
ASK II. W7 = 0 (C4=6)	No	0 2
Q8. Do you intend to undertake further postgraduate training in medicine?		
(05)		

TERMINATE PVT IF Q8=2 {Q5=2}



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



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 medical training survey @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?	Anaesthesia	0 02
QJa.	Willon area are you currently practising in:	Dermatology	O 03
	Please select one response only.	Emergency medicine	0 04
{Q7}	If you have only been practising or training	General practice	0 05
	in your current area for less than two	Intensive care medicine	0 06
	weeks, please select the area for your previous setting.	Medical administration	0 07
	providuo coming.	Obstetrics and gynaecology	O 08
		Occupational and environmental medicine	0 09
		Ophthalmology	0 10
		Paediatrics and child health (inc. specialties)	0 11
		Pain medicine	0 12
		Palliative medicine	0 13
	Ē	Pathology	0 14
		Physician Adult medicine (inc. specialties)	0 15
		Psychiatry	0 16
		Public health medicine	0 17
		Radiation oncology	0 18
		Radiology	0 19
		Rehabilitation medicine	0 20
		Sexual health medicine	0 21
		Sport and exercise medicine	0 22
		Surgery	O 23
		Other	0 97



[IMG, PVT, INS, SNT/SGPT] ASK IF Q9a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23 (07=46|8|11|14|15|19|25)

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

Please select one response only.

(Q7b)

Emergency Medicine	[04]
Paediatric emergency medicine	0 12
Not applicable	0 98
Prefer not to say	O 99
Intensive care medicine	[06]
Paediatric intensive care	0 01
Not applicable	0 98
Prefer not to say	O 99
Obstetrics and gynaecology	[80]
Gynaecological oncology	O 60
Maternal-fetal medicine	O 61
Obstetrics and gynaecological ultrasound	0 62
Reproductive endocrinology and infertility	O 63
Urogynaecology	O 64
Not applicable	0 98
Prefer not to say	0 99
Paediatrics and child health	[11]
General paediatrics	0 06
Paediatric clinical genetics	0 07
Community child health	0 08
Neonatal and perinatal medicine	O 09
Paediatric cardiology	0 10
Paediatric clinical pharmacology	0 11
Paediatric emergency medicine	0 12
Paediatric endocrinology	0 13
Paediatric gastroenterology and hepatology	0 14
Paediatric haematology	0 15
Paediatric immunology and allergy	0 16
Paediatric infectious diseases	0 17
Paediatric intensive care medicine	0 18
Paediatric medical oncology	0 19
Paediatric nephrology	O 20
Paediatric neurology	0 21
Paediatric nuclear medicine	0 22
Paediatric palliative medicine	O 23
Paediatric rehabilitation medicine	0 24
Paediatric respiratory and sleep medicine	O 25
Paediatric rheumatology	0 26
Not applicable	0 98
Prefer not to say	O 99



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



		•		
	TRAIN	IING CURRICULUM		
[IMG]		1 or less	0	01
Q10.	How many years have you held registration	2	0	02
Q 10.	in Australia?	3	0	03
		4	0	04
{Q9}	Please select one response only.	5	0	05
1,000		6	0	06
		7	0	07
		8	0	80
		9	0	09
		10 or more	0	<u>10</u>
[IMG]		Specialist and competent authority pathway Go to Q11b (010b)	0	01
Q11a.	Which pathway are you in?	Specialist pathway Go to Q11b (Q10b)		
	Please select one response only.	Standard pathway (AMC exam)	0	03
(Q10a)	The second second the second second materials of a second	Standard pathway (Workplace based assessment)	0	04
		Competent authority pathway	0	05
		Short term training pathway	0	06
		Other	0	97
		Unsure	0	99



[IMG] ASK IF Q11a=1 OR 2 (Q10a=1/2)		Australasian College for Emergency Medicine (ACEM)	□ 01
AOK II	F Q 11a-1 OR 2 (010a=1/2)	The Australasian College of Dermatologists (ACD)	□ 02
Q11b.	Which college(s) did your specialist pathway assessment?	Australasian College of Sport and Exercise Physicians (A	ACSEP)
	Please select all that apply, up to a maximum of two.	Australian and New Zealand College of Anaesthetists (A	NZCA) □ 04
(Q10b)		Australian College of Rural and Remote Medicine (ACRI	RM) □ 05
		College of Intensive Care Medicine of Australia and New Zealand (CICM)	<u> </u>
		Royal Australasian College of Dental Surgeons (RACDS)□ 07
		The Royal Australasian College of Medical Administrator (RACMA)	rs □ 08
		The Royal Australasian College of Physicians (RACP)	□ 09
		Royal Australasian College of Surgeons (RACS)	□ 10
		The Royal Australian and New Zealand College of Obstead Gynaecologists (RANZCOG)	etricians
		The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	□ 12
		The Royal Australian and New Zealand College of Psych (RANZCP)	niatrists
		The Royal Australian and New Zealand College of Radio (RANZCR)	ologists
		The Royal Australian College of General Practitioners (R	RACGP)
		The Royal College of Pathologists of Australasia (RCPA)□ 16
		Prefer not to say	□ 97
		Unsure	0 99

[INS]	Australian National University	O 01
Q11c Which medical school did you graduate	Bond University	O_02
from?	Charles Sturt University	O <u>03</u>
	Curtin University	O 04
Please select one response only.	Deakin University	O 05
	Flinders University	O <u>06</u>
	Griffith University	O <u>07</u>
	James Cook University	O <u>08</u>
	Macquarie University	0_09
	Monash University (Australia)	O <u>27</u>
	Monash University (Malaysia)	O <u>28</u>
	The University of Queensland	_0 <u>11</u>
	The University of Western Australia	O <u>13</u>
	University of Adelaide	_O <u>14</u>



University of Auckland	O <u>15</u>
University of Melbourne	O <u>16</u>
University of New South Wales	_0 <u>17</u>
University of Newcastle / University of New England	_0 <u>19</u>
University of Notre Dame Australia	_O_20
University of Otago	_O <u>21</u>
University of Sydney	_O <u>22</u>
University of Tasmania	_O <u>23</u>
University of Wollongong	O 24
Western Sydney University	O 25
Outside of Australia and New Zealand	0 26
Prefer not to say	_0 97
Unsure	_O 99

NEW QUESTION 2024 MTS

[INS]

Q11d Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?

Please select one response only.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Overall I felt my medical school education was sufficient to prepare me to commence the role and responsibilities of an intern	0 5	0 4	0 3	0 2	0 1

[IMG,	PVT, INS]	Yes Go to Q13 {Q12}	0 1
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	No Go to Q14 (013)	0 2
	show if PVT Do you have a professional development or training plan?		
	HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN' Developed by you and your supervisor/peer reviewer for your employer/MBA		



SHOW IF IMG

Do you have a professional $\underline{\text{development or}}$ $\underline{\text{training plan}}$?

HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'

Developed by you and your supervisor/peer reviewer for your employer/college/MBA

(Q11

[IMG, PVT, INS]

ASK IF Q12=1 (011=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.

Q12}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2.	There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF IMG , PVT plan in my current setting	O 5	0 4	0 3	0 2	0 1
3.	I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF IMG, PVT plan requirements	0 5	0 4	0 3	0 2	0 1
4.	SHOW IF IMG My plan is preparing me to be a doctor/specialist in the Australian healthcare system	O 5	0 4	0 3	0 2	0 1
5.	My SHOW IF INS intern education program SHOW IF IMG, PVT plan is preparing me for future medical practice	0 5	0 4	0 3	0 2	0 1
6.	My SHOW IF INS intern education program SHOW IF IMG, PVT plan is advancing my knowledge	0 5	0 4	0 3	0 2	0 1



[SNT/SGPT]

Q14. Which specialist training program(s) are you doing?

Please select all that apply, up to a maximum of two.

PROGRAMMER NOTE:
CREATE HIDDEN VARIABLE
[COLLEGE] FOR PIPING, ROTATE TEXT
AFTER THE EM DASH, REMOVE ANY
"THE" PREFIXES

(Q15)

	Addiction medicine – The Royal Australasian College of Physicians (RACP)		01
	Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA)	П	02
	Dermatology – The Australasian College of Dermatologis		UZ
	(ACD)		03
	Emergency medicine – Australasian College for Emerge Medicine (ACEM)		04
	General practice – Australian College of Rural and Remo Medicine (ACRRM) ASSIGN SGPT		05
	General practice – The Royal Australian College of Gene Practitioners (RACGP) ASSIGN SGPT		06
	Intensive care medicine - College of Intensive Care Med	licir	e of
	Australia and New Zealand (CICM)		09
	Medical administration – The Royal Australasian College Medical Administrators (RACMA)	of	10
	Obstetrics and gynaecology – The Royal Australian and	Ne	
	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 Co	_	
	Physicians (RACP)	П	14
	Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA)		15
	Palliative medicine – The Royal Australasian College of		16
	Physicians (RACP)		
	Pathology – The Royal College of Pathologists of Austra (RCPA)		17
	Physician - The Royal Australasian College of Physician		
	(RACP)		18
	<u>Psychiatry – The Royal Australian and New Zealand Col</u> Psychiatrists (RANZCP)	leq	<u>e of</u> 19
	Public health medicine – The Royal Australasian College	of	
	Physicians (RACP)		20
	Radiation oncology – The Royal Australian and New Zea College of Radiologists (RANZCR)		<u>d</u> 21
	Radiology – The Royal Australian and New Zealand Coll		
	Radiologists (RANZCR)		22
	Rehabilitation medicine - The Royal Australasian Colleg		
	Physicians (RACP)		23
	Sexual health medicine – The Royal Australasian Colleg Physicians (RACP)		24
	Sports and exercise medicine – Australasian College of and Exercise Physicians (ACSEP)		o <u>rt</u> 25
	Surgery - Royal Australasian College of Surgeons (RAC		and bacon
	Surgery - Oral and maxillofacial surgery - Royal Austral		
	College of Dental Surgeons (RACDS)		27
-			



[SNT/SGPT]

ASK IF AT LEAST EITHER OF THE BELOW RACP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 14 OR 18]. ONLY SHOW CODE 14 AND/OR CODE 18 AT Q14A IF THEY WERE SELECTED AT Q14.

Q14a. You indicated that you are training at the following specialist training program(s) at RACP. For each, please indicate if you are participating in the Basic or Advanced training program.

Please select one response per row.

		Basic	Advanced
1.	Paediatrics and child health – The Royal Australasian College of Physicians (RACP)	0 1	0 2
2.	Physician – The Royal Australasian College of Physicians (RACP)	0 1	0 2

C	T, SNT]	1 or less	0 01
		2	0 02
Q15. How many years have you been in the 3		3	O 03
	[INSERT COLLEGE SELECTED] training program?	4	0 04
	program?	5	0 05
	Please select one response only.	6	O 06
		7	0 07
		8	0 08
		9	0 09
		More than 10	0 10
		Don't know	0 11
SGPT	П	Australian General Practice Training (AGPT)	0 1
O16h	Which training program are you in?	The Remote Vocational Training Scheme (RVTS)	0 2
(Q16b)	Please select one response only.	RACGP Practice Experience Pathway – Specialist Pr O 3	ogram
		ACRRM Independent Pathway (IP)	0 4
		ACRRM Rural Generalist Training Scheme	0 5
		RACGP Fellowship Support Program	0 6
		Unsure	O 96
		Not applicable	0 97



[SGPT]

ASK IF Q16b=2 (016b=2)

Q18b. Thinking about the RVTS 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 RVTS education program meets the College/s requirements	0 5	0 4	0 3	0 2	0 1
2.	The RVTS education program is preparing me as a specialist	0 5	0 4	0 3	0 2	0 1
3.	The RVTS education program is advancing my knowledge	0 5	0 4	0 3	0 2	0 1

[SGPT] ASK IF Q16b=2

Q19b. Thinking about how the **RVTS 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.	The RVTS clearly communicates the requirements of my training program	0 5	0 4	0 3	O 2	0 1
2.	The RVTS clearly communicates with me about changes to my training program and how they affect me	0 5	0 4	O 3	0 2	0 1
3.	I know who to contact at RVTS about my education program	0 5	0 4	0 3	0 2	0 1



[SGPT]

ASK IF Q16b=2 (01bb=2

Q20b. Thinking about how the RVTS engages with you, to what extent do you agree or disagree with the following statements?

Please select one response per row.

(Q28)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The RVTS seeks my views on the structure and content of the education program	0 5	0 4	0 3	O 2	0 1
2.	I am represented (by doctors in training e.g. registrar liaison officer) on RVTS training and/or education committees	O 5	0 4	0 3	0 2	0 1
3.	I am able to discuss the RVTS education program with other doctors	0 5	0 4	0 3	O 2	0 1
4.	The RVTS provides me with access to psychological and/or mental health support services	O 5	0 4	0 3	0 2	0 1

PROGRAMMER NOTE: LOOP THIS SECTION FOR ALL SELECTIONS AT Q14 (C15) 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]. (018b)

[SGPT, SNT]

Q21. Thinking about your **[INSERT COLLEGE FROM Q14]** (186) training program, to what extent do you agree or disagree with each of the following statements?

Please select one response per row.

(Q19a)

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

[SGPT, SNT]

Q21a. Thinking about your [INSERT COLLEGE FROM Q14] (015) 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 financial cost of my College training program has led to stress	<u>O 5</u>	0 4	<u>O 3</u>	0 2	<u>0 1</u>	<u>O 99</u>				
2.	My College provides clear and accessible information about how my fees are spent	<u>0 5</u>	0 4	<u>0 3</u>	0 2	0 1	<u>O 99</u>				
3.	The cost of my College training program has been a barrier to my progression in the training program	<u>0 5</u>	<u>0 4</u>	<u>O 3</u>	0 2	<u>0 1</u>	<u>O 99</u>				

[SGPT, SNT]

Q22. Thinking about how the **[INSERT COLLEGE FROM Q14]** (o.15) **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	0 5	0 4	0 3	0 2	0 1	O 99
2.	My College clearly communicates with me about changes to my training program and how they affect me	O 5	0 4	0 3	0 2	0 1	O 99
3.	I know who to contact at the College about my training program	0 5	0 4	0 3	0 2	0 1	O 99

[SGPT, SNT]

Q23a. In the last 12 months, have you sat one or more exams from...?

Please select one response only.

{Q24a}

 Yes
 No

 1. PIPE [College]
 0 1
 0 2

ASK IF Q23aX=1 (024ax=1)

[SGPT, SNT]

Q23b. Have you received the results of your most recent exam from \ldots ?

Please select one response only.

(Q24c)

 Yes
 No

 1. PIPE [College]
 0 1
 0 2

ASK IF Q23bX=1 (024ax=1)

[SGPT, SNT]



	Did you pass the exam for? Please select one response only.			
{Q25a}		Yes	No	Prefer not to say
1.	PIPE [College]	0 1	0 2	O 99





[SGPT, SNT]

ASK IF Q23a=1 (028)

Q24. Thinking about all your [INSERT COLLEGE FROM Q14] or 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.

26a)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	The exam(s) reflected the College training curriculum	0 5	0 4	0 3	0 2	0 1	O 99
2.	The information the College provided about the exam(s) was accurate and appropriate	O 5	0 4	0 3	0 2	0 1	O 99
3.	The exam(s) ran smoothly on the day	0 5	0 4	0 3	0 2	0 1	O 99
4.	The exam(s) were conducted fairly	0 5	0 4	0 3	0 2	0 1	O 99
5.	I received useful feedback about my performance in the exam(s)	0 5	0 4	0 3	0 2	0 1	O 99
6.	The feedback is timely	0 5	0 4	0 3	0 2	0 1	O 99
7.	I received support from my College when needed	0 5	0 4	0 3	0 2	0 1	O 99

[SGPT, SNT]

Q25. Thinking about how the **[INSERT COLLEGE FROM Q14]** [a15] engages with you, to what extent do you agree or disagree with the following statements?

Please select one response per row.

(Q27a)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The College seeks my views on the training program	0 5	0 4	0 3	0 2	0 1
2.	I am represented by doctors in training on the College's training and/or education committees	0 5	0 4	0 3	0 2	0 1
4.	The College provides me with access to psychological and/or mental health support services	O 5	0 4	0 3	0 2	0 1
5.	There are safe mechanisms for raising training/wellbeing concerns with the College	0 5	0 4	0 3	0 2	0 1

PROGRAMMER NOTE: SHOW SECOND COLLEGE (IF APPLICABLE) AND END OF LOOP



0 2

0 1

0 3

ASSESSMENT [INS] Yes Go to Q23b (Q26b) 0 1 Go to Q29 (Q28) 0 2 No 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 Please select one response per row. Neither Strongly Disagree Strongly Agree nor Disagree Disagree Agree Was relevant to my training 0 5 0 4 0 3 0 2 0 1 2. Included an opportunity to discuss 0 5 0 4 0 3 0 2 0 1 feedback with my supervisor 3. Provided me with useful feedback about 0 5 0 4 0 3 0 2 0 1 my progress as an intern

O 5 ORIENTATION

0 4

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

4.

Was conducted fairly

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.

Q27a. Did you receive an ories setting? HOVERTEXT FOR 'SE Setting is the current or workplace, placement or least 2 weeks have been of your training.	TTING' most recent or rotation where at	Yes, a formal orientation Yes, but it was largely informal No	3	O 1 O 2 O 3	
[SGPT, IMG, PVT, INS, SNT] ASK IF Q27a=1 OR 2 (029a=1 2)		Excellent	9	0 5	
		Good		0 4	
Q27b. How would you rate the	quality of your	Average		0 3	
orientation?		Poor	1	0 2	
Please select one resp	oonse only.	Terrible		0 1	
{Q29b}	TOTALLET STATE OF THE STATE OF				



CLINICAL SUPERVISION

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

[SGP]	T, IMG, PVT, INS, SNT]	Specialist (including specialist GP)	0 1
Q28.	SHOW IF SGPT, PVT, INS, SNT	Registrar	0 2
	In your setting, who mainly provides your	Other doctor	0 3
	day-to-day clinical supervision?	Nurse	0 4
	SHOW IF IMG	Other	0 5
	In your setting, who mainly provides your day-to-day clinical supervision/peer review?	SHOW IF SGPT, PVT, INS, SNT	
	ady to day official supervision poor review.	I don't have a clinical supervisor Go to Q32 (Q34)	0 6
	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	Go to Q32 (Q34)	0 7
	workplace, placement or rotation where at least 2 weeks have been completed as part of your training.		
(Q30)			

[SGPT, IMG, PVT, INS, SNT] ASK IF Q28=1 TO 5 (Q30=1:5)

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 not available...

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

Please select one response per row.

HOVERTEXT FOR 'SETTING'

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

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



[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...

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 (632a)

		1	2	3	4	5	Not applicable
1.	Helpfulness of supervisor	0 5	0 4	0 3	0 2	0 1	O 99
2.	Accessibility of supervisor	0 5	0 4	0 3	0 2	0 1	O 99
3.	Regular, INFORMAL feedback	0 5	0 4	0 3	0 2	0 1	O 99
4.	Regular, FORMAL feedback	0 5	0 4	0 3	0 2	0 1	O 99
5.	Usefulness of feedback	0 5	0 4	0 3	0 2	0 1	O 99
6.	Discussions about my goals and learning objectives	0 5	0 4	0 3	0 2	0 1	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	0 5	0 4	0 3	0 2	0 1	O 99
8.	Including opportunities to develop your skills	0 5	0 4	0 3	0 2	0 1	O 99
9.	Ensuring your work is appropriate to your level of training	O 5	0 4	0 3	0 2	0 1	O 99
10.	Completing workplace-based assessments	O 5	0 4	0 3	0 2	0 1	O 99



37	F, IMG, PVT, INS, SNT] F Q28=1 TO 5 (300=1.5) SHOW IF SGPT, PVT, INS, SNT For your setting, how would you rate the quality of your clinical supervision? SHOW IF IMG For your setting, how would you rate the quality of your clinical supervision/peer review? Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Excellent Good Average Poor Terrible	0 5 0 4 0 3 0 2 0 1
SGPT	, IMG, PVT, SNT]	Yes	0 1
Q32.	Has your marfarmanas been assessed in	No – but this is scheduled	0 2
Q3Z.	Has your performance been assessed in your setting?	No – but I would like to be	0 3
		No – it's not necessary	0 4
	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.	Unsure	O 5



ACCESS TO TEACHING

[SGPT, IMG, PVT, INS, SNT]

Q35. 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.

(022)

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

[SGPT, IMG, PVT, INS, SNT]

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...

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.

(Q35)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	I can access the training opportunities available to me	0 5	0 4	0 3	0 2	0 1	O 99
2.	I have to compete with other doctors for access to opportunities	0 5	0 4	0 3	0 2	0 1	O 99
3.	I have to compete with other health professionals for access to opportunities	0 5	0 4	0 3	0 2	0 1	O 99



[SGPT, IMG, PVT, INS, SNT]

Q34. 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.

(Q36)

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

SGPT	r, IMG, PVT, INS, SNT]	Never prevent me from meeting my training requirements O 1
Q36.	Which of the following statements best	Rarely prevent me from meeting my training requirements O 2
	describe the interaction between your	Sometimes prevent me from meeting my training requirements
training requirements and the		0 3
	responsibilities of your job?	Often prevent me from meeting my training requirements O 4
	My job responsibilities	
	Please select one response only.	
	•	



[SGPT, IMG, PVT, INS, SNT]

Q38. 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.

(014)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	SHOW IF SGPT, IMG, PVT, SNT Formal education program	0 5	0 4	0 3	0 2	0 1	0 99
2.	Online modules (formal and/or informal)	0 5	0 4	0 3	0 2	0 1	O 99
3.	Teaching in the course of patient care (bedside teaching)	0 5	0 4	0 3	0 2	0 1	O 99
4.	Team or unit based activities HOVERTEXT Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	O 5	O 4	O 3	0 2	0 1	O 99
9.	Practice-based audits	0 5	0 4	0 3	0 2	0 1	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand rounds and/or practice-based meetings, Primary Health Network meetings	0 5	0 4	0 3	0 2	0 1	O 99
6.	Multidisciplinary meetings	0 5	0 4	0 3	0 2	0 1	O 99
7.	Simulation teaching	0 5	0 4	0 3	0 2	0 1	O 99
8.	Access to mentoring	0 5	0 4	0 3	0 2	0 1	O 99

[SGP]	T, IMG, PVT, INS, SNT]	Excellent	0 5
Q39.	Overall, how would you rate the quality of	Good	0 4
QUU.	the teaching sessions?	Average	0 3
	Black	Poor	0 2
	Please select one response only.	Terrible	0 1



WORKPLACE ENVIRONMENT AND CULTURE

[SGPT, IMG, PVT, INS, SNT]

Q40. 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.

(0.29)

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

[SGPT, IMG, PVT, INS, SNT]

Q41. 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.

(Q40)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Most senior medical staff are supportive	0 5	0 4	0 3	0 2	0 1
2.	My workplace supports staff wellbeing	0 5	0 4	0 3	0 2	0 1
12.	Most senior allied health and nursing staff are supportive	0 5	0 4	0 3	O 2	0 1
3.	In practice, my workplace supports me to achieve a good work/life balance	0 5	0 4	0 3	O 2	0 1
4.	There is a positive culture at my workplace	0 5	0 4	0 3	0 2	0 1
5.	I have a good work/life balance	0 5	0 4	0 3	0 2	0 1
6.	Bullying, harassment and discrimination by anyone is not tolerated at my workplace	0 5	0 4	0 3	O 2	0 1
7.	Racism is not tolerated at my workplace	0 5	0 4	0 3	0 2	0 1
8.	I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	O 5	0 4	0 3	0 2	0 1
9.	I am confident that I would raise concerns/issues about bullying,	0 5	0 4	0 3	O 2	0 1



	harassment and discrimination (including racism) in my workplace					
10.	I could access support from my workplace if I experienced stress or a traumatic event	0 5	0 4	0 3	0 2	0 1
[SGPT	, IMG, PVT, INS, SNT]					
Q42a.	Thinking about your workplace, have you exponents? Please select all that apply per column.	perienced and	or witnessed	any of the fol	lowing in the	oast 12
	PROGRAMMER NOTE: REFERENCE TO B	E LOCATED	AT BOTTON	OF QUESTI	ON	
	alian Human Rights Commission (AHRC) (2014) <i>W</i> ommunights.gov.au/employers/good-practice-good-b					d-bullying
** Racia	al Discrimination Act https://humanrights.gov.au/qui	ck-guide/12083				
(Q41A_2)						
			1) Exp	perienced	2) Witn	essed
1.	Bullying The Fair Work Amendment Act 2013 defines bullying as repeated unreasonable behaviou individual towards a worker which creates a and safety.*	r by an]	⊒1		1
6.	Sexual harassment (Sexual harassment is unwelcome conduct of nature which makes a person feel offended, and/or intimidated, where the possibility of the could be reasonably anticipated in the circum	humiliated at reaction]	□ 6	_	6
2.	Harassment (excluding sexual harassment Harassment is behaviour which victimises, h insults, intimidates or threatens an individual to the person's characteristics, like their race gender or sexual orientation.	umiliates, or group due]	⊒ 2		2
4.	Racism Racial discrimination is when a person is treat favourably, or not given the same opportuniti in a similar situation, because of their race, the where they were born, their ethnic origin or the colour.**	es, as others ne country]	⊐ 5		5
3.	Discrimination (excluding racism) Discrimination includes adverse actions or be less favourably because of a person's charactheir religion, gender, age or sexual orientatic	teristics, like		⊒3		3

98. None of these

0 98

O 98



SHOW BELOW Q42A.

If you or someone you know would like support in relation to anything you may be experiencing at work, please reach out to the Employee Assistance Program (EAP) offered by your training provider or the drs4drs service provided within your state for confidential mental health support. You also may wish to contact the police if you have witnessed or experienced a criminal offence while at work.

[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42a.1=1 2 3 5 6 OR Q42a.2=1 2 3 5 6 (Q41B_2)		
Q42b. Who was responsible for the bullying, harassment, di experienced/witnessed Please select all that apply.	scrimination and/or racism that	at you
(NEW)		
	1) Experienced	2) Witnessed
Senior medical staff (e.g. consultants, specialists)	□ 1	□ 1
Medical colleague (e.g. registrar or other doctors in training)	□ 2	□ 2
Nurse or midwife	□ 3	□ 3
Other health practitioner	□ 4	□ 4
Hospital management	□ 5	□ 5
6. Administrative staff	□ 8	□ 8
7. Patient and/or patient family/carer	□ 6	□ 6
8. Other	□ 7	□ 7
99. Prefer not to say	O 99	O 99
[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42b.1=1 2 34 5 6 7 OR Q42b.2=1 2 3 4 5 6 7 (04) Q42c. The person(s) responsible was Please select all that apply.	B_2)	
{Q41C 2}	700000	
	1) Experienced	2) Witnessed
1. In my team	□ 1	□ 1
In my department but not in my team	□ 2	□ 2
From another department	□ 3	□ 3
99. Prefer not to say	O 99	O 99
[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42c.1=1 2 or Q42c.2=1 2 o41c_2 Q42d. Was the person(s) one of your supervisors?		

Please select one response (0.41D_2)



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

[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42a.1=1|2|3|5|6 OR Q42a.2=1|2|3|5|6 (041A_2)

Q42e. Have you reported it?

Please select one response (Q41E_2)

	1) Experienced	2) Witnessed	
1. Yes	0 1	0 1	
2. No	0 2	0 2	





[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42e.1=2 OR Q42e.2=2 (041E_2) Q42i. What prevented you from reporting? Please select all that apply. (NEV 2) Witnessed 1) Experienced □ 1 □ 1 1. Lack of processes in place 2. Wasn't provided information on how or who to □ 2 □ 2 report to □ 3 □ 3 3. Concern about repercussions □ 4 □ 4 4. Lack of support 5. Nothing will be done if I do report it □ 5 □ 5 6. I feel it is not the accepted practice to report it □ 6 □ 6 □ 7 □ 7 7. Other 98. Prefer not to say 0 99 0 99

[SGPT, IMG, PVT, INS, SNT]

SHOW IF Q42e.1=1 OR Q42e.2=1 (041E_2)

Q42f. Has the report been followed-up?

Please select one response (041F

	1) Experienced	2) Witnessed
1. Yes	0 1	0 1
2. No	O 2	O 2
3. Unsure	0 3	O 3

[SGPT, IMG, PVT, INS, SNT]

SHOW IF Q42xf.1=1| OR Q42xf.2=1| (NEX

Q42xg. Are you satisfied with how the report was followed-up?

Please select one response (NEW)

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



[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42a.1=1|2|3|5|6 OR Q42a.2=1|2|3|5|6 Q42xh. How has the incident adversely affected your medical training? Please select one response 1) Experienced 2) Witnessed 1. No effect 0 1 0 1 0 2 2. Minor effect 0 2 3. Moderate effect 0 3 0 3 0 4 0 4 4. Major effect 0 5 5. Unsure 0 5 [SGPT, IMG, PVT, INS, SNT] 0 1 Yes Q43. If you needed support, do you know how to No 0 2 access support for your health (including for stress and other psychological Unsure 0 3

SHOW BELOW Q43: If you need to access support for your health, contact your GP or visit <u>www.drs4drs.com.au</u> for information on services in your area.

distress)?





[SGPT, IMG, PVT, INS, SNT]
Q44. 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

(Q43)						
		Always	Most of the time	Sometimes	Never	
1.	The amount of work I am expected to do	0 4	0 3	0 2	0 1	
2.	Having to work paid overtime	0 4	0 3	0 2	0 1	
3.	Having to work unpaid overtime	0 4	0 3	0 2	0 1	
4.	Dealing with patient expectations	0 4	0 3	0 2	0 1	
5.	Dealing with patients' families	0 4	0 3	0 2	0 1	
6.	Expectations of supervisors SHOW IF IMG Expectations of supervisors/peer reviewer	0 4	0 3	0 2	0 1	
7.	Supervisor feedback SHOW IF IMG Supervisors/peer reviewer feedback	0 4	0 3	0 2	0 1	
8.	Having to relocate for work	0 4	0 3	0 2	0 1	
9.	Being expected to do work that I don't feel confident doing	0 4	0 3	0 2	0 1	
11.	Lack of appreciation	0 4	0 3	0 2	0 1	
12.	Workplace conflict	0 4	0 3	0 2	0 1	

12.	Workplace conflict	0 4	0 3	0 2	0 1
[SGP	T, IMG, PVT, INS, SNT]	Very light			0 1
Q45.	How would you rate your workload in your setting?	Light			0 2
		Moderate			0 3
	Please select one response only.	Heavy			0 4
		Very heavy			0 5
{Q44}	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.				

[SGP]	T, IMG, PVT, INS, SNT]	20 hours or less	0 1
Q46.	On average in the past month, how many	21 – 30 hours	0 2
hours per week have you worked?	31 – 40 hours	0 3	
		41 – 50 hours	0 4
HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed	51 – 60 hours	0 5	
	and unclaimed overtime and recall – this does not include undisturbed on-call	61 – 70 hours	0 6



Please select one response only.	71 – 80 hours	0 7
(Q45)	81 – 90 hours	0 8
	More than 90 hours	0 9

[SGPT, IMG, PVT, INS, SNT]

Q47. For any unrostered overtime you have completed in the past, how often did...? Please select one response per row.

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

	you with more training opportunities			
SGPT	, IMG, PVT, INS, SNT]	Yes, I have accessed flexible working arrangements	0 1	
· ·	Have you accessed, or considered accessing, flexible working arrangements in your setting? Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer.	I have considered accessing flexible working arrangement chose not to access	nts but	
		I have considered accessing flexible working arrangement was unable to access	O 3	
		I have not accessed, and have not required flexible working arrangements O 4		
		Prefer not to say	O 99	

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 only.



12		•
100	GPT, IMG, PVT, INS, SNT] KK IF Q63a=1, 2 OR 3	Changes in hours of work (for example, reduction in hours worked, changes to start/finish times)
Q6 Wh	i4. SHOW IF Q63a=1 nat sort of flexible arrangements did you access?	Changes in patterns of work (for example, working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts)
	SHOW IF Q63a=2 OR 3 What sort of flexible arrangements would you have liked to access? HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS' Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer.	Changes in location of work (for example, working from home or working from another location) Other Prefer not to say O 99
	Please select all that apply.	
AS	GPT, IMG, PVT, INS, SNT] SK IF Q63a=1 3b. Did the flexible working arrangements you accessed in your setting meet your needs? HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS' Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Yes, the arrangements I accessed met all of my needs O 1 The arrangements I accessed met some, but not all, of my needs O 2 No, the arrangements I accessed did not meet my needs O 3 Prefer not to say O 99



- C	, IMG, PVT, INS, SNT] F Q63a=2 OR 3	Flexible working arrangements were not offered	<u> </u>
Q63c.	Why have you chosen not to access, or	The flexible working arrangements offered did not meet needs	□ 2
	been unable to access, flexible working arrangements in your setting?	Flexible working arrangements are not available in my c role or on my current rotation	□ 3
	HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS' Flexible working arrangements could include changes in hours of work, in	I do not feel comfortable asking for flexible working arrangements in my current setting I feel I am not senior enough to access flexible working arrangements	□ 4 □ 5
	patterns of work, in locations of work, or other changes to standard working	I am currently employed on a short-term contract, or have employment terms, which do not allow for flexible working	the same of the sa
	arrangements agreed to by yourself and	arrangements	□ 6
	your employer. HOVERTEXT FOR 'SETTING' Setting is the current or most recent	I didn't have access to information or knowledge to knowl	w how to
	workplace, placement or rotation where at least 2 weeks have been completed as part	I didn't feel I had the option to access flexible working arrangements	□ 8
	of your training.	Other	□ 9
	Please select all that apply.	Prefer not to say	0 99



PATIENT SAFETY [SGPT, IMG, PVT, INS, SNT] Excellent 0 5 Good 0 4 Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety? Average 0 3 Poor 0 2 Please select one response only. 0 1 Terrible HOVERTEXT FOR 'SETTING' I did not receive training 0 6 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]

Q49. 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.

(050

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



OVERALL SATISFACTION

[SGPT, IMG, PVT, INS, SNT]

Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements? Please select one response per row.

HOVERTEXT FOR 'SETTING'

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

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

FUTURE CAREER INTENTIONS

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

ii tiiis i	next section, we would like to know about y	our rature training and career intentions.		_
[SGP1	r, snt]	Yes	0	1
Q51a.	Do you intend to continue in your specialty	No	0	2
	training program?	Undecided	0	3
{Q53a}				
[IMG]		Yes – general registration Go to Q54 (Q56)	0	1
0541	5	Yes – specialist registration Go to Q54 (Q56)	0	2
Q51b.	Do you intend to continue on a pathway to general or specialist registration?	No Go to Q62a {Q62a}	0	3
	Please select one response only.	Unsure Go to Q54 (0.56)	1505	4
(Q53b)		50 (0 Q34 (Q30)		
PVT.	INS]	Yes Go to Q53 (055)	_	1
T 481		No Go to Q54 (056)		2
Q52.	Do you intend to become a specialist?			
		Unsure Go to Q54 (Q56)	0	3
	nue.			=
PVT,	INS] F Q52=1 (Q54=1)	Addiction medicine – The Royal Australasian College of		
ASK II	F Q32-1 (Q64=1)	Physicians (RACP)	0	01
Q53.	Which specialty are you most interested in	Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA)	0	02
	pursuing? Please select one response only.	Dermatology – Australasian College of Dermatologists (ACE))
	ricase select one response only.		0	
		Emergency medicine – Australasian College for Emerge	ncy	
		Medicine (ACEM)	0	04
		General practice - Australian College of Rural and Remo		
		Medicine (ACRRM)	0	05



Intensive care medicine — College of Intensive Care Medicine of Australia and New Zealand (CICM) 0 09 Medical administration — The Royal Australasian College of Medical Administrators (RACMA) 0 10 Obstetrics and gynaecology — The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 0 11 Occupational and environmental — The Royal Australasian College of Physicians (RACP) 0 12 Ophthalmology — The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) 0 13 Paediatrics and child health — The Royal Australasian College of Physicians (RACP) 0 14 Pain medicine — Australian and New Zealand College of Anaesthetists (ANZCA) 0 15 Palliative medicine — The Royal Australasian College of Physicians (RACP) 0 16 Pathology — The Royal College of Pathologists of Australasia (RCPA) 0 17 Physician — The Royal Australasian College of Physicians (RACP) 0 18 Psychiatry — The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 0 19 Public health medicine — The Royal Australasian College of Physicians (RACP) 0 20 Radiation oncology — The Royal Australian and New Zealand College of Physicians (RACP) 0 20 Radiation oncology — The Royal Australian and New Zealand College of Radiologists (RANZCR) 0 21 Radiology — The Royal Australian and New Zealand College of Radiologists (RANZCR) 0 22 Rehabilitation medicine — The Royal Australasian College of Physicians (RACP) 0 23 Sexual health medicine — The Royal Australasian College of Physicians (RACP) 0 24 Sports and exercise medicine — Australasian College of Sport and Exercise Physicians (ACSEP) 0 25
Medical Administrators (RACMA) Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Occupational and environmental – The Royal Australasian College of Physicians (RACP) 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 16 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) O 19 Public health medicine – The Royal Australasian College of Physicians (RACP) O 20 Radiation oncology – The Royal Australian and New Zealand College of Physicians (RACP) O 20 Radiation oncology – The Royal Australian and New Zealand College of Physicians (RACP) O 20 Radiology – The Royal Australian and New Zealand College of Physicians (RACP) O 21 Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR) O 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 Sport and Exercise Physicians (ACSEP) O 25
Zealand College of Obstetricians and Gynaecologists (RANZCOG) O 11 Occupational and environmental – The Royal Australasian College of Physicians (RACP) 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 16 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) O 19 Public health medicine – The Royal Australian and New Zealand College of Physicians (RACP) O 20 Radiation oncology – The Royal Australian and New Zealand College of Radiologists (RANZCR) O 21 Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR) O 21 Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR) O 22 Rehabilitation medicine – The Royal Australasian College of Physicians (RACP) O 23 Sexual health 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 Sport and Exercise Physicians (ACSEP) O 25
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and Exercise Physicians (ACSEP) O 25
Surgery – Royal Australasian College of Surgeons (RACS)O 26
Surgery - Oral and maxillofacial surgery - Royal Australasian
College of Dental Surgeons (RACDS) O 27



[SGPT, IMG, PVT, INS, SNT] IMG SKIP IF Q51b=3 (053b=3)

Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements? Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have an interest in Aboriginal and Torres Strait Islander health/healthcare	0 5	0 4	0 3	0 2	0 1
2.	I am interested in rural practice	0 5	0 4	0 3	0 2	0 1
3.	I am interested in getting involved in medical research	0 5	0 4	0 3	0 2	0 1
4.	I am interested in getting involved in medical teaching	0 5	0 4	0 3	0 2	0 1
5.	SHOW IF SGPT OR SNT I am concerned I will not successfully complete my training program to attain Fellowship SHOW IF PVT OR INS AND Q52=1 (Q54=1) I am concerned about being able to secure a place in my preferred College training program SHOW IF IMG I am concerned I will not successfully meet my pathway requirements	O 5	0 4	O 3	O 2	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	0 5	0 4	0 3	O 2	0 1
7.	I am considering a future outside of medicine	0 5	0 4	0 3	0 2	0 1



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	0 1
Q55.	Do you identify as?	Woman or female	0 2
	Please select one response only.	Non-binary	0 3
		I use a different term	0 4
	Gender refers to current gender, which may be different to sex recorded at birth and	Prefer not to say	O 99
	may be different to what is indicated on		
(Q57)	legal documents		
(407)			
[SGPT	, IMG, PVT, INS, SNT]	20 to 24	0 1
Q56.	What is your age?	25 to 29	0 2
QUU.	Please select one response only.	30 to 34	0 3
(Q58)		35 to 39	0 4
		40 to 45	0 5
		45+	0 6
		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
QO1.	and/or Torres Strait Islander person?	Yes - Both Aboriginal and Torres Strait Islander	0 3
	Please select one response only.	No	0 4
{Q59}		Prefer not to say	O 99
[SGPT	, IMG, PVT, INS, SNT]	Yes	0 1
-	•	Yes No	0 1 0 2
Q60.	Do you identify as a person with a disability?	N	
-	Do you identify as a person with a	No	0 2
-	Do you identify as a person with a disability? Please note, the definition of disability	No	0 2
-	Do you identify as a person with a disability?	No	0 2
-	Do you identify as a person with a disability? Please note, the definition of disability includes sensory, intellectual, neurodiverse, physical and mental illness—where the disability is permanent or is likely	No	0 2
-	Do you identify as a person with a disability? Please note, the definition of disability includes sensory, intellectual, neurodiverse, physical and mental illness—where the disability is permanent or is likely to be permanent.	No	0 2
-	Do you identify as a person with a disability? Please note, the definition of disability includes sensory, intellectual, neurodiverse, physical and mental illness—where the disability is permanent or is likely	No	0 2



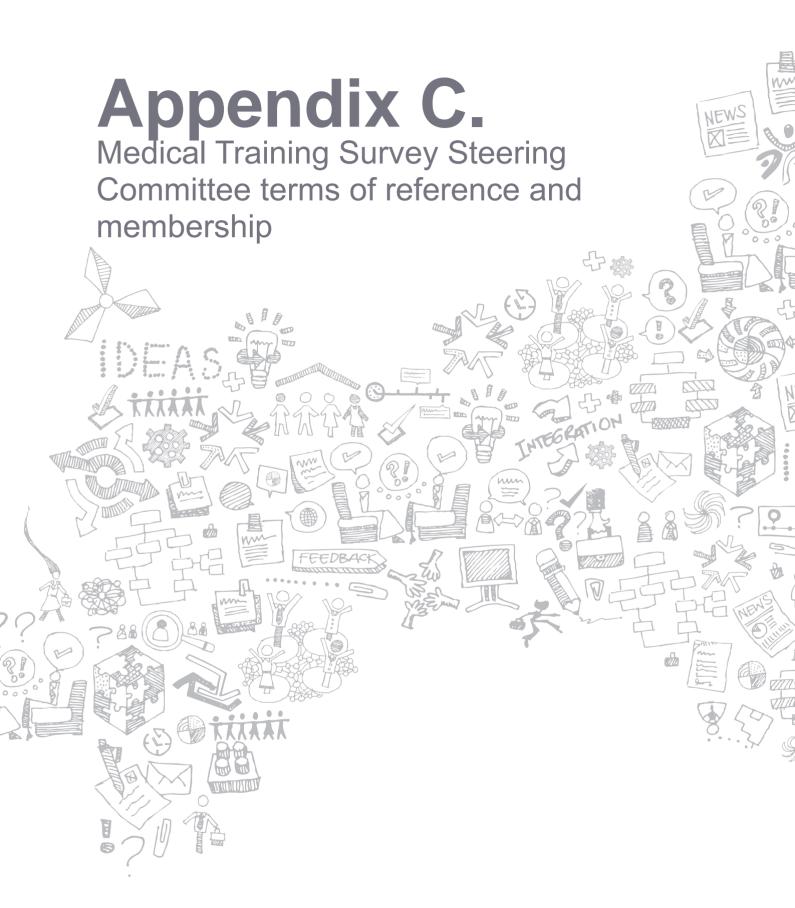
		0=	
SGPT	, IMG, PVT, INS, SNT]	Yes - Sole parenting responsibilities	<u> </u>
Q61.	During your usual work week, do you	Yes - Co-parenting responsibilities	<u> </u>
	spend time providing unpaid care, help, or	Yes - Primary caregiving responsibilities (for adult(s))	□ 3
assistance for family members or others?	Yes - Shared caregiving responsibilities (for adult(s))	□ 4	
	Please select all that apply.	No	0 5
		Prefer not to say	0 99
SGPT	, PVT, INS, SNT]	Yes - Australia	0 1
Q58a.	Did you complete your primary medical	Yes - New Zealand	0 2
	degree in Australia or New Zealand?	No - Elsewhere	0 3
	Please select one response only.		
{Q6a}			
[SGPT	, IMG, PVT, INS, SNT]		
	Q58a=3 (Q6a=3) OR IMG	PROCEEDINGS NOTE: ARRAUTOCOMPLETE PRO	D D C W W
Q59b.	In which country did you complete your	PROGRAMMER NOTE: ADD AUTOCOMPLETE DRO	P DOWN
	primary medical degree?		
	Please type in and select.		
{Q6b}			

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.



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 is appointed by the Medical Board of Australia and includes:

Chair

Member of the Medical Board of Australia

Members

- At least one additional member of the Board
- A member of a State or Territory Board
- 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

Secretariat will be provided by Strategy and Policy, Medical.

Meetings and procedures

Frequency of meetings

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 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 6
Reviewed	April 2024
Approved	24 April 2024
Next review	As required but within 2 years of approval

Medical Board of Australia Medical Training Survey Steering Committee

Terms of reference | April 2024



Membership

MBA Medical Training Survey Steering Committee

Members

Chair

Associate Professor Stephen Adelstein, Medical Board of Australia

Members

Dr Jo Burnand, Jurisdiction Advisory Committee

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

Ms Saoirse McDonough, Australian Health Practitioner Regulation Agency

Ms Nicole Newton, Communications Advisor

Dr Brooke Sheldon, Medical Board of Australia

Ms Bernadette Thomson, Australian Health Practitioner Regulation Agency

Ms Kirsty White, Australian Medical Council

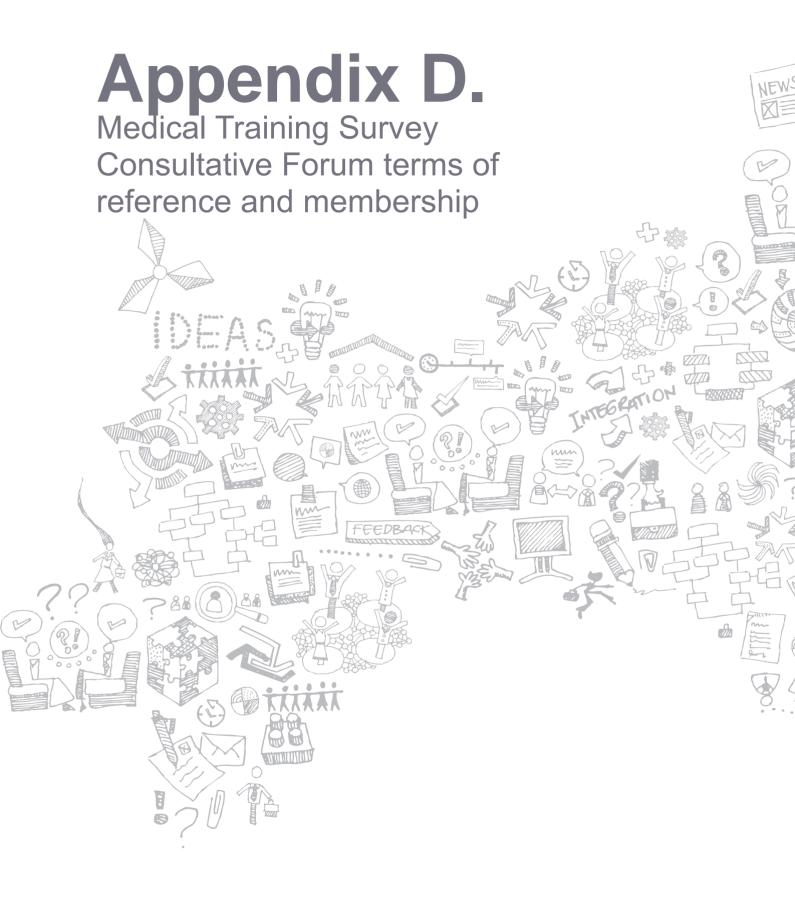
Ms Michelle Wright, Medical Board of Australia

Secretariat

Ms Brie Woods, Australian Health Practitioner Regulation Agency

Medical Board of Australia Medical Training Survey Steering Committee

Membership | October 2024 | Confirmed



D1 Medical Training Survey Consultative Forum terms of reference and membership



Terms of reference

Medical Training Survey Consultative Forum

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 Consultative Forum and its membership as required.

Name of document	Medical Training Survey Consultative Forum Terms of Reference
Version	Version 6
Reviewed	January 2024
Approved	February 2024
Next review	As required but within 2 years of approval

Medical Board of Australia Medical Training Survey Consultative Forum

Terms of reference | February 2024

Membership



Consultative Forum Membership

Chair

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

Members

Dr Claire Blizard, Medical Council of NSW Ms Donna Burns, Australian Indigenous Doctors' Association

Dr Michael Bonning, Australian Medical Association

Professor Stuart Carney, Medical Deans Australia and New Zealand

Dr Hayden Cain, Australian Medical Association Council of Doctors in Training

Dr Ava Carter, Confederation of Postgraduate Medical Education Council

Ms Megan Crawford, Jurisdiction Advisory Committee

Ms Sally Cross, Australian Medical Association

Dr Tony Hayek, Australian Private Hospital Association

Associate Professor Louis Irving, Australasian Directors of Clinical Training Committee

Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency

Associate Professor Vinay Lakra, Council of Presidents of Medical Colleges

Dr Elizabeth Moore, Council of Presidents of Medical Colleges

Ms Nicole Newton, Communications Advisor

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

Dr Bhavi Ravindran, Doctors Health Services

Dr Ameer Shehab, Australian Medical Association Council of Doctors' in Training

Dr Harry Smallbone, 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

Ms Michelle Wright, Medical Board of Australia

Mr Allen Xiao, Australian Medical Students' Association

Dr John Zorbas, Medical Board of Australia

Secretariat

Ms Brie Woods, Australian Health Practitioner Regulation Agency

Membership | October 2024 | Confirmed

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

