

MEDICAL TRAINING SURVEY

2025 Report
Australian College of Rural
and Remote Medicine

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Future career intentions

Welcome

2025 MEDICAL TRAINING SURVEY

Medical Training Survey data is being used in academic research, shaping trainee decisions and – most importantly - being used to improve training. This is exactly what we hoped for.

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.

Many of the most recent generation of medical trainees adding their voice to this important data-set had not started medical school when the MTS was established. Seven years on, many of the trainees who lobbied hard to create the MTS are specialists and leaders in the profession. Over time, the MTS has been absorbed into the everyday fabric of medical training.

This year, more than 18,000 trainees made time to do the MTS to tell us what's working and what's not. In 2025 more IMGs than ever before shared their perspectives.

Once again, the MTS results tell us what's going well in training and what needs to improve. MTS results year on year are remarkably consistent. There are areas of increasing strength and significant issues that stubbornly persist.

There are improvements in clinical supervision, orientation, teaching, education and training on patient safety is again high, with 83% of trainees agreeing they would recommend their training position and workplace as a place to train.

But the fault lines in the culture of medicine run deep. Unacceptably, the rate of bullying, discrimination, harassment (including sexual harassment) and racism sits stubbornly at an average of 30%, and nearly twice that (56%) for Aboriginal and Torres Strait Islander trainees. Appallingly, 38% of Aboriginal and Torres Strait Islander trainees reported experiencing and/or witnessing racism.

Work across the profession and the health sector to improve cultural safety and address racism remains urgent and essential.

Once again, there is nuance in these data, revealing the complexity of the workplace environment and variations between different groups of trainees. Interns and specialist non-GP trainees report having witnessed and/or experienced unacceptable behaviours nearly 20% more often than IMGs and GP trainees.

The source of the unacceptable behaviour experienced and/or witnessed is also changing, with a 10% drop longitudinally in senior medical staff as the source (56% in 2020 to 46% in 2025) and a nearly 10% rise in patients and/or patient families/ carers (38% in 2020 to 46% in 2025) as the source of the behaviour. Clearly, the deficits in the culture of medicine reported by trainees are firmly anchored to wider community attitudes and behaviours.

Once again, important themes are revealed when the longitudinal data set is explored through tailored searches in the online dashboard.

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 and quality of training, and make comparisons across sites or specialties. The 2025 MTS results will be accessible in searchable form in early 2026 on the MedicalTrainingSurvey.gov.au website.

Each year, we refine some MTS questions to generate meaningful data that stakeholders can use more effectively to drive change. New insights in 2025 include:

- one in 10 of all trainees and one in six Aboriginal and Torres Strait Islander trainees indicated they are considering a career outside of medicine within the next 12 months
- there is a slight decrease in the number of trainees reporting a heavy or very heavy workload
- differentiation in questions for different cohorts of specialist trainee make it possible for colleges to pin point what is working and address what is not.

The MTS is a survey by trainees, for trainees. The stories they share through MTS feedback are compelling and important. With that, comes a wider shared responsibility across the health sector and the profession to maintain high standards of medical training and develop effective strategies to address what needs to change.



Dr Susan O'Dwyer Chair, Medical Board of Australia

Background

INTRODUCTION

The Medical Training Survey (MTS) is a national, profession-wide survey of doctors in training in Australia. It is a confidential way to get national, comparative data to strengthen medical training in Australia. The MTS is conducted annually with doctors in training, with 2025 representing the seventh wave of data collection.

The objectives of the survey are to:

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

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

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

METHOD

Data collection for the MTS involved receiving responses to an online survey from n=18,276 doctors in training, with n=17,622 responses eligible for analysis (i.e. currently training in Australia) between 4 August and 9 October 2025.



49,742 doctors in training invited to the survey in 2025



36.7%
doctors in training responded to the survey



405
respondents were in ACRRM

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

For this report, results for Australian College of Rural and Remote Medicine (ACRRM) are presented at an overall level. To explore results within ACRRM further, please visit medicaltrainingsurvey.gov.au/results.

INTERPRETING THIS REPORT

This report provides key results based on n = 405 doctors in training at the ACRRM compared against national results (n = 17,622) of all eligible doctors in training (i.e. currently training in Australia).

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

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

Executive summary

OVERALL SATISFACTION

I would recommend my current training position to other doctors

(n=15,114)



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

40%

43%

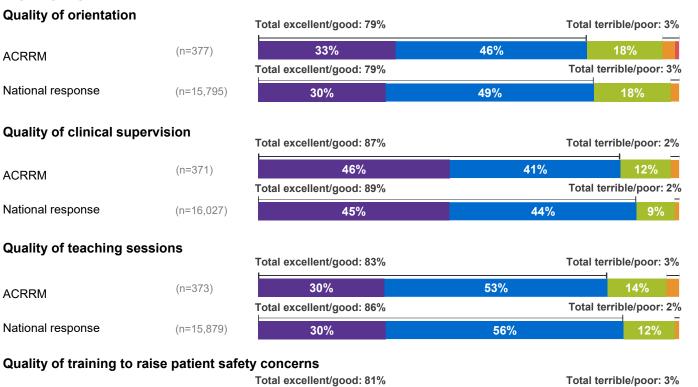
12%

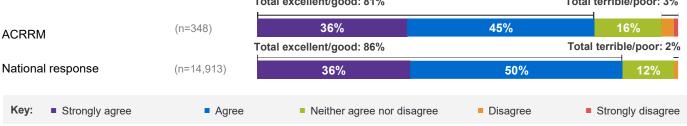
Base: Total sample

National response

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

HIGHLIGHTS





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

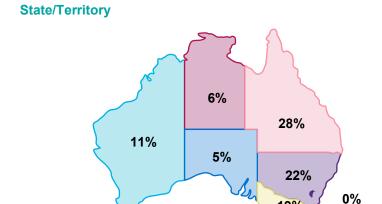
Base: Have a supervisor | Q31. For your setting, how would you rate the quality of your clinical supervision / peer review?

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

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

Profile of ACRRM trainees

SETTING



• ACT • NSW • NT • Qld • SA • Tas • Vic • WA

19%

8%

Base: Total sample (2025 ACRRM: n = 405)

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

Region



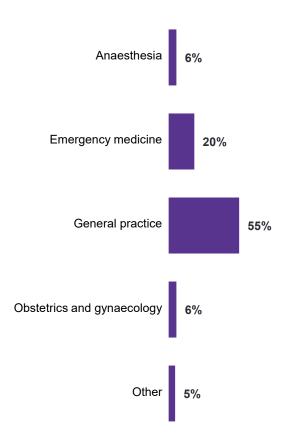




Do not wish to specify 1%

Base: Total sample (2025 ACRRM: n = 404) Q6. Is your current setting in a...?

Current rotation / term / position



Base: Total sample (2025 ACRRM: n = 405), fields with 10 or more responses shown. Note: fields marked with an * are subspecialties.

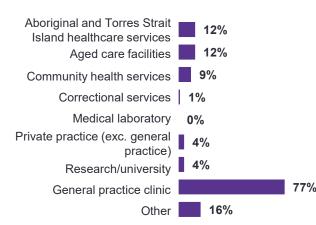
Q9a. Which area are you currently practising in? | Q9b. If applicable, which subspecialty area are you practising in?

Facility



Base: Total sample (2025 ACRRM: n = 405)
Q5A. Is your current position/term/rotation/placement predominantly in a hospital?

Additional settings worked in



Base: Total sample excluding Not applicable (2025 ACRRM: n

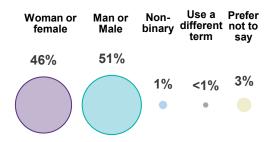
= 287)

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

Profile of ACRRM doctors in training

DEMOGRAPHICS

Do you identify as...



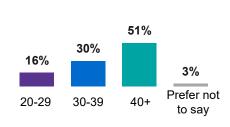
Total sample (2025 ACRRM: n = 355) Base:

Q55. Do you identify as ...?

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

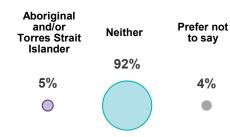
have been shown as <1%

Age in years



Total sample (2025 ACRRM: n = 344) Base: Q56. What is your age?

Cultural background

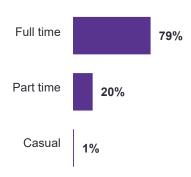


Total sample (2025 ACRRM: n = 355) Base: Do you identify as an Australian Q57.

Aboriginal and/or Torres Strait Islander

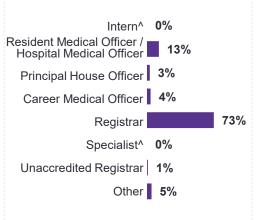
person?

Employment



Base: Total sample (2025 ACRRM: n = 405) Are you employed: Q2.

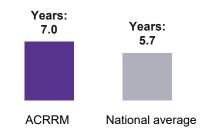
Role



Base: Total sample (2025 ACRRM: n = 405) What is your current role in the setting?

Postgraduate year

Postgraduate year average is

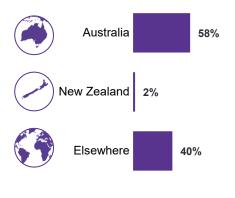


Base: Total sample (National: 2025 n = 17.622:

ACRRM: 2025 n = 405)

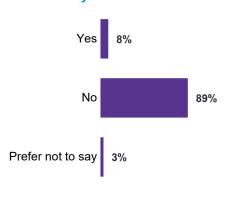
Q1. What is your postgraduate year?

Primary degree



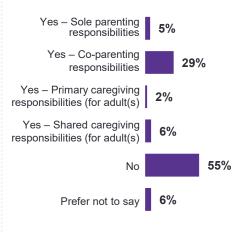
Total sample (2025 ACRRM: n = 356) Base: Q58a. Did you complete your primary medical degree in Australia or New Zealand?

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



Total sample (2025 ACRRM: n = 356) Base: Q60. Do you identify as a person with a disability?

Caring responsibilities



Total sample (2025 ACRRM: n = 356) Base: Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others?

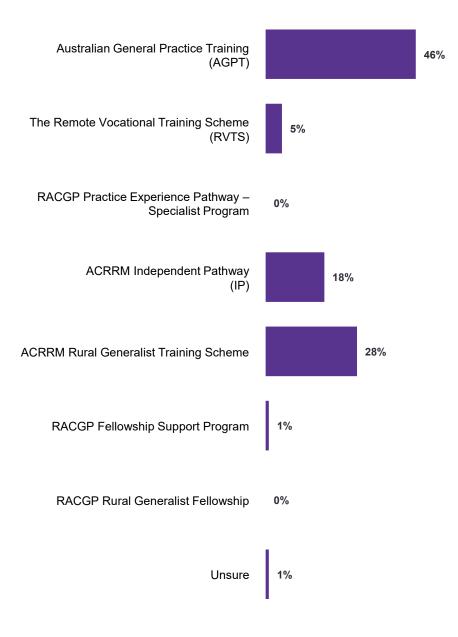
Profile of ACRRM doctors in training

SPECIALIST TRAINEES

On average, specialist trainees in ACRRM have been in their training program for



Base: Specialist trainees (National: 2025 n = 7,093; ACRRM: 2025 n = 398) Q15. How many years have you been in the College training program?

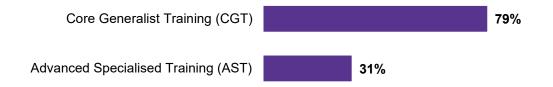


Base: Specialist GP trainees (ACRRM: 2025 n = 395)

Q16b. Which training program are you in?

SPECIALIST TRAINING PROGRAM LEVEL

The Australian College of Rural and Remote Medicine (ACCRM) What training stage are you in?

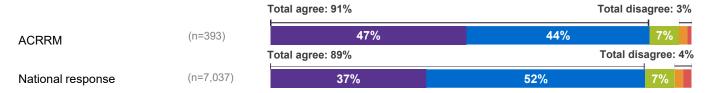


Base: ACCRM trainees who selected General practice as a specialty (ACCRM: 2025 n = 443)

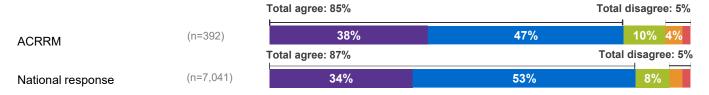
Q14I. You indicated that you have trained in the following specialist training program(s) at ACRRM. What training stage are you in? (select all that apply)

TRAINING PROGRAM PROVIDED BY COLLEGE

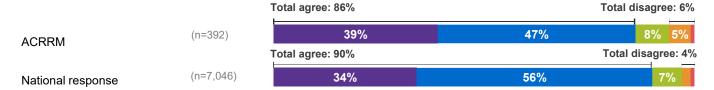
The College training program is relevant to my development



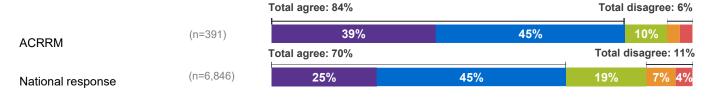
There are opportunities to meet the requirements of the training program in my current setting



I understand what I need to do to meet my training program requirements



The College supports flexible training arrangements



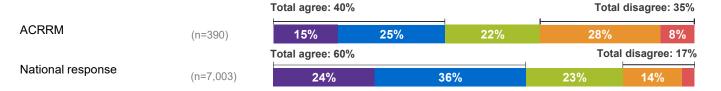


Base: Specialist trainees

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

Financial impact of training program

The financial cost of my College training program has led to stress



My College provides clear and accessible information about how my fees are spent



The cost of my College training program has been a barrier to my progression in the training program



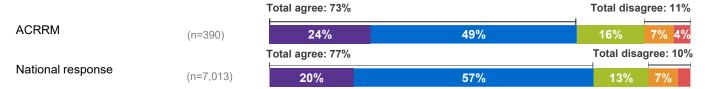


Base: Specialist trainees

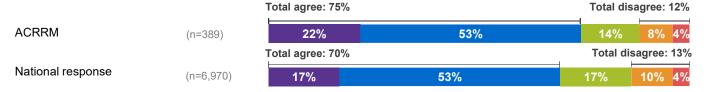
Q21a. Thinking about your [COLLEGE] training program, to what extent do you agree or disagree with each of the following statements?

COMMUNICATION WITH COLLEGE

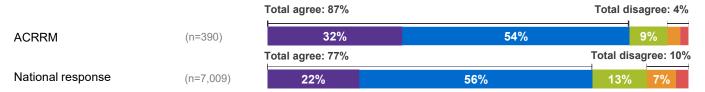
My College clearly communicates the requirements of my training program



My College clearly communicates with me about changes to my training program and how they affect me



I know who to contact at the College about my training program



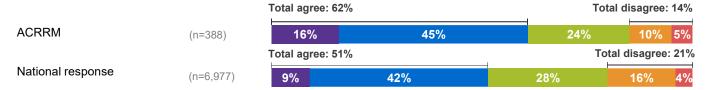


Base: Specialist trainees

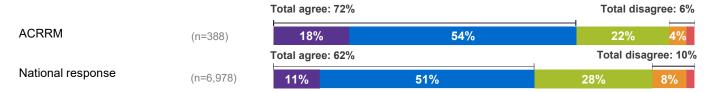
Q22. Thinking about how [COLLEGE] communicates with you about your training program, to what extent do you agree or disagree with the following statements?

ENGAGEMENT WITH COLLEGE

The College seeks my views on the training program



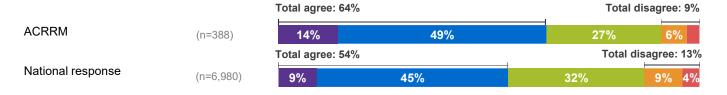
I am represented by doctors in training on the College's training and/or education committees



The College provides me with access to psychological and/or mental health support services



There are safe mechanisms for raising training/wellbeing concerns with the College





Base: Specialist trainees

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

TRAINING PROGRAM PROVIDED BY RVTS

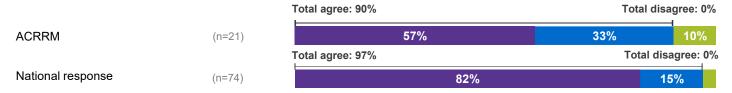
Specialist GP trainees can be both enrolled in the RVTS as well as their specialist college (such as Australian College of Rural and Remote Medicine (ACRRM) and/or Royal Australian College of General Practitioners (RACGP)).

Among the specialist GP trainees, 5% were enrolled with RVTS and were shown the questions over the next three pages.

The RVTS education program meets the College/s requirements



The RVTS education program is preparing me as a specialist



The RVTS education program is advancing my knowledge





Base: Specialist GP trainees taking part in the Remote Vocational Training Scheme (RVTS)

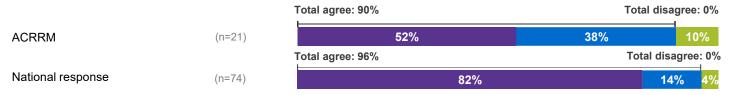
Q18b. Thinking about the RVTS training program, to what extent do you agree or disagree with each of the following statements?

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities | Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

Training curriculum

COMMUNICATION WITH RVTS

The RVTS clearly communicates the requirements of my training program



The RVTS clearly communicates with me about changes to my training program and how they affect me



I know who to contact at RVTS about my education program





Base: Specialist GP trainees taking part in the Remote Vocational Training Scheme (RVTS)

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?

ENGAGEMENT WITH REMOTE VOCATIONAL TRAINING SCHEME (RVTS)

The RVTS seeks my views on the structure and content of the education program



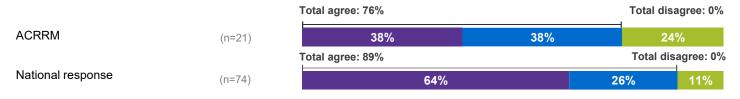
I am represented (by doctors in training e.g. registrar liaison officer) on RVTS training and/or education committees



I am able to discuss the RVTS education program with other doctors



The RVTS provides me with access to psychological and/or mental health support services





Base: Specialist GP trainees taking part in the Remote Vocational Training Scheme (RVTS)

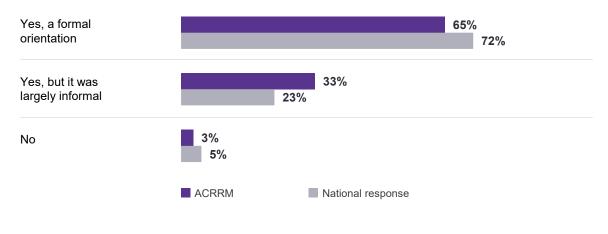
Q20b. Thinking about how RVTS engages with you, to what extent do you agree or disagree with the following statements?

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities | Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

Orientation

DID YOU RECEIVE AN ORIENTATION TO YOUR SETTING?

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



Base: Total sample (National: 2025 n = 16,597; ACRRM: 2025 n = 389)

Q27a. Did you receive an orientation to your setting?

HOW WOULD YOU RATE THE QUALITY OF YOUR ORIENTATION?



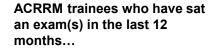


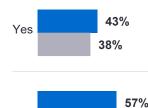
Base: Received an orientation

Q27b. How would you rate the quality of your orientation?

Assessment

COLLEGE EXAMS





ACRRM

No

Q23a.

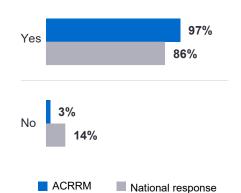


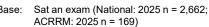
one or more exams from ...?

In the last 12 months, have you sat

National response

Of those who sat an exam(s) receive their results...

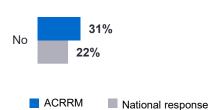




Q23b. Have you received the results of your most recent exam from...?

Of those who received results, passed their exam(s)...



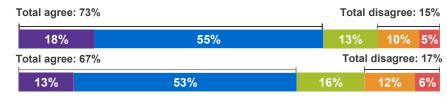


Base: Received results (National: 2025 n = 2,125; ACRRM: 2025 n = 156)

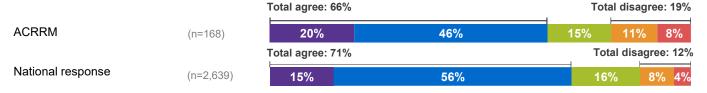
Q23c. Did you pass the exam for...?

The exam(s) reflected the College training curriculum

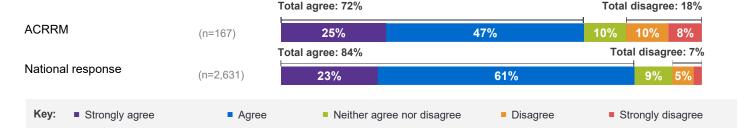




The information the College provided about the exam(s) was accurate and appropriate



The exam(s) ran smoothly on the day



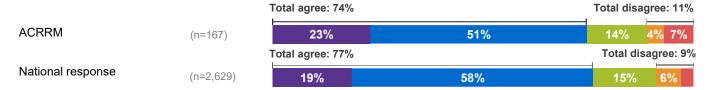
Base: Specialist trainees who sat an exam

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?

Assessment

COLLEGE EXAMS (continued)

The exam(s) were conducted fairly



I received useful feedback about my performance in the exam(s)



The feedback is timely



I received support from my College when needed





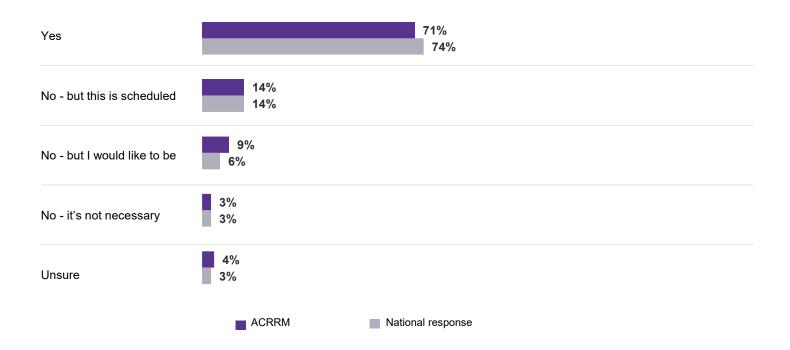
Base: Specialist trainees who sat an exam

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?

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

Assessment

HAS YOUR PERFORMANCE BEEN ASSESSED IN YOUR SETTING?



Prevocational and unaccredited trainees, specialist trainees and IMGs (National: 2025 n = 15,294 ACRRM: 2025 n = 383)

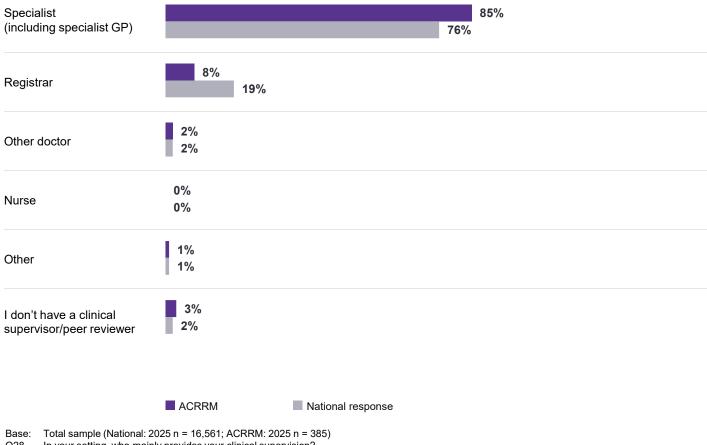
Q32. Has your performance been assessed in your setting?

Base:

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

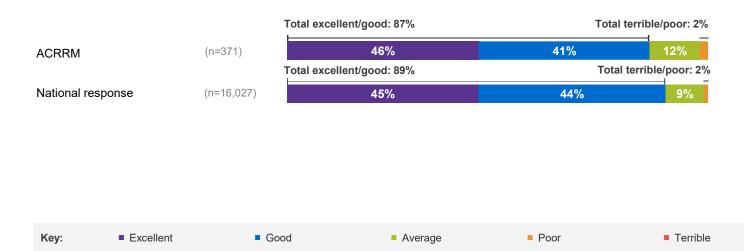
Clinical supervision

WHO MAINLY PROVIDES YOUR CLINICAL SUPERVISION?



Q28. In your setting, who mainly provides your clinical supervision?

HOW WOULD YOU RATE THE QUALITY OF YOUR SUPERVISION?



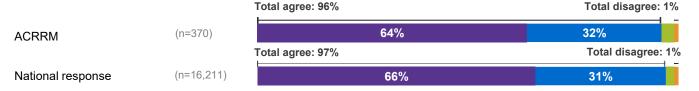
Base: Received supervision

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

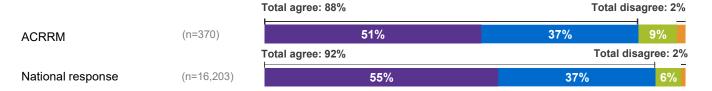
Clinical supervision

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

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



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



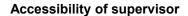


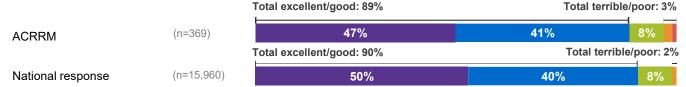
Base: Total sample

Q29. To what extent do you agree or disagree with the following statements?

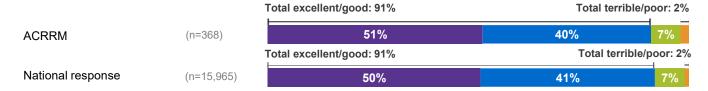
Clinical supervision

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

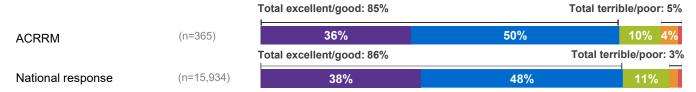




Helpfulness of supervisor



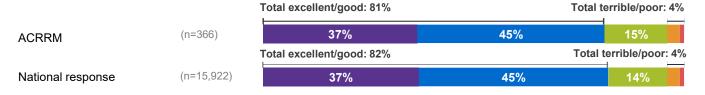
Ensuring your work is appropriate to your level of training



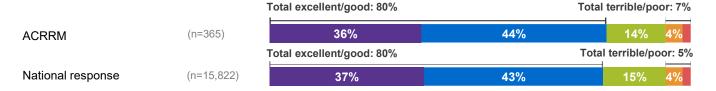
Completing workplace based assessments



Including opportunities to develop your skills



Supporting you to meet your training plan/pathway requirements



Base: Have a supervisor

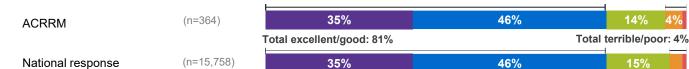
Q30. In your setting, how would you rate the quality of your overall clinical supervision for...?

Total terrible/poor: 5%

Clinical supervision

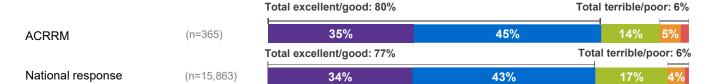
HOW WOULD YOU RATE THE QUALITY OF YOUR OVERALL CLINICAL SUPERVISION FOR:

Usefulness of feedback



Total excellent/good: 81%

Regular, INFORMAL feedback



Regular, FORMAL feedback



Discussions about my goals and learning objectives



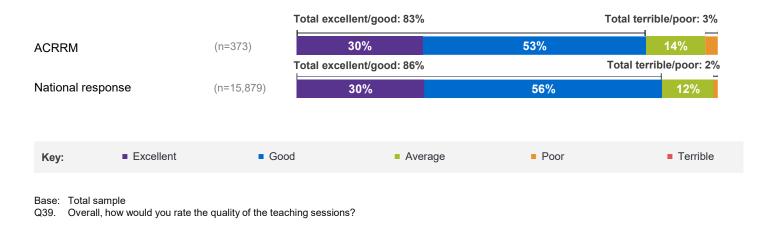
Base: Have a supervisor

 ${\tt Q30.} \quad \text{In your setting, how would you rate the quality of your overall clinical supervision for}...?$

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities | Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

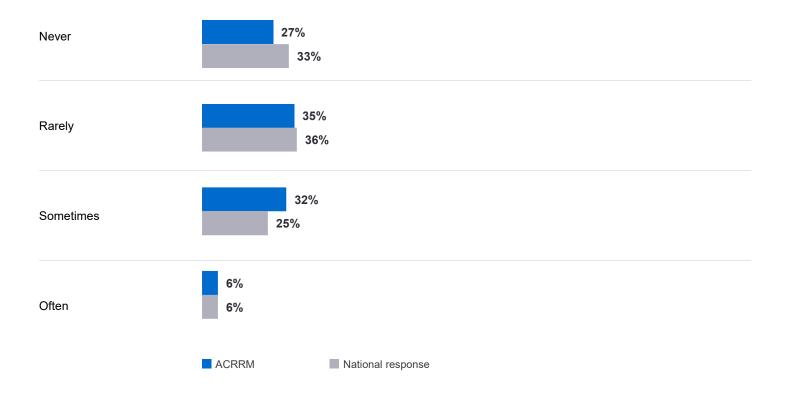
Access to teaching

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



TRAINING AND OTHER JOB RESPONSIBILITIES

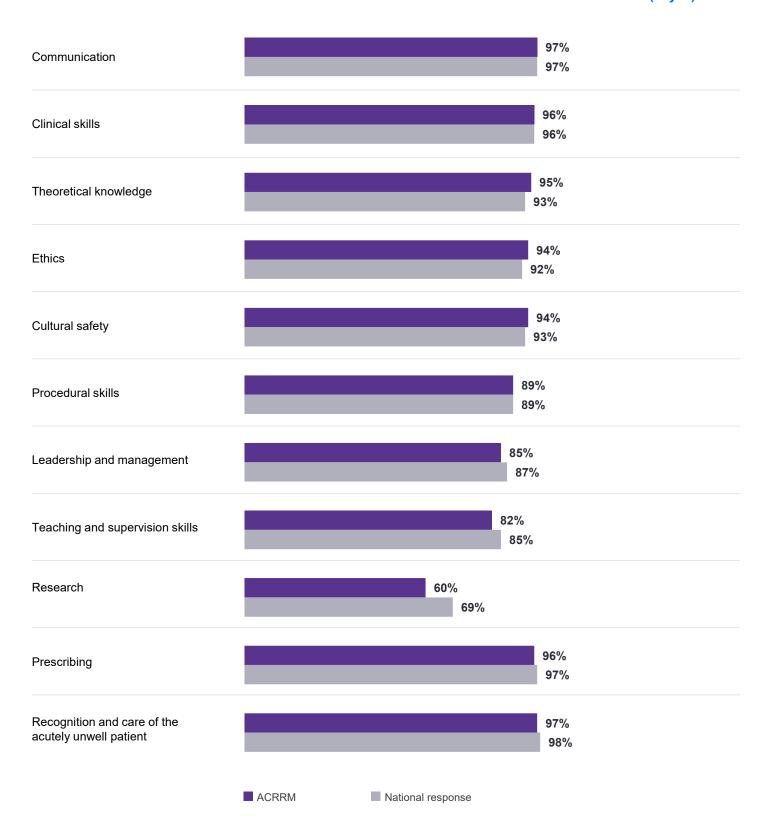
How regularly job responsibilities are preventing doctors in training from meeting training requirements



Base: Total sample (National: 2025 n = 16,049; ACRRM: 2025 n = 378)

Q36. Which of the following statements best describes the interaction between your training requirements and the responsibilities of your job? My job responsibilities...

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

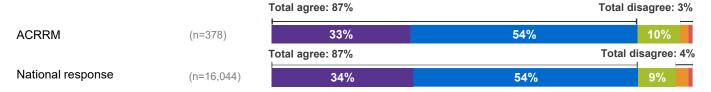


Base: Total sample (National: 2025 max n = 16,080 ACRRM: 2025 max n = 376)

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

DEVELOPMENT OF CLINICAL AND PRACTICAL SKILLS

I can access the training opportunities available to me



I have to compete with other doctors for access to opportunities



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



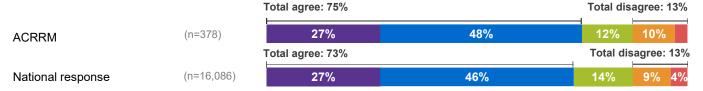


Base: Total sample

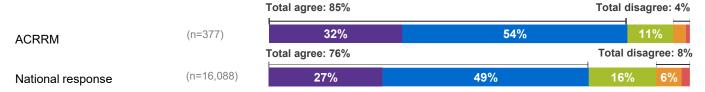
Q33. Thinking about the development of your skills, to what extent do you agree or disagree with the following statements?

ACCESS TO TEACHING AND RESEARCH

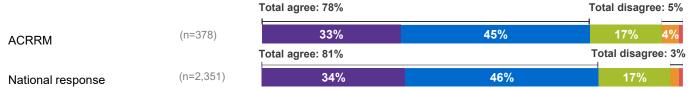
I have access to protected study time/leave



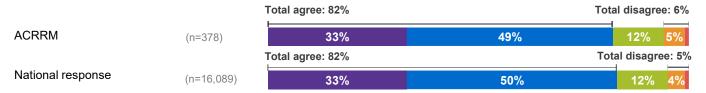
I am able to attend conferences, courses and/or external education events



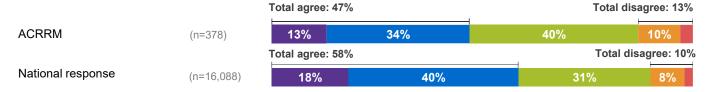
My GP supervisor supports me to attend formal and informal teaching sessions^



My employer supports me to attend formal and informal teaching sessions



I am able participate in research activities





Base: Total sample

^Note: These questions were only asked of Specialist GP trainees, as such, data is filtered to Specialist GP trainees

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

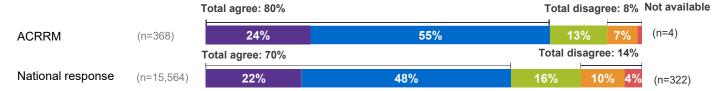
THE FOLLOWING EDUCATIONAL ACTIVITIES HAVE BEEN USEFUL IN YOUR DEVELOPMENT AS A DOCTOR

ACRRM trainees were asked their level of agreement on whether an educational activity had been useful in their development as a doctor. Of the educational activities available, teaching in the course of patient care (bedside teaching) (87%), simulation teaching (87%) and formal education program (86%) were rated the most useful.

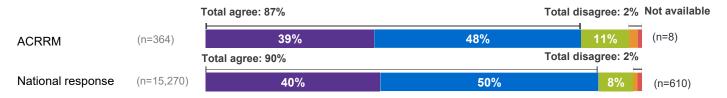
Formal education program[^]



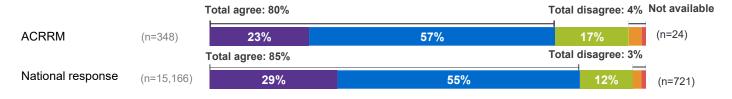
Online modules (formal and/or informal)



Teaching in the course of patient care (bedside teaching)



Team or unit based activities



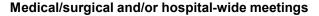


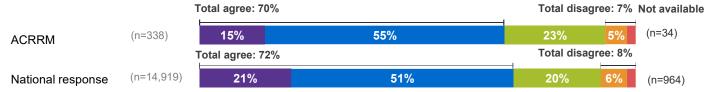
Base: Total sample excluding not available (shown separately)

Note: This question was not shown to Interns.

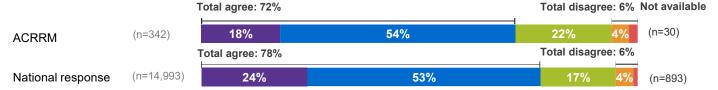
Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?

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





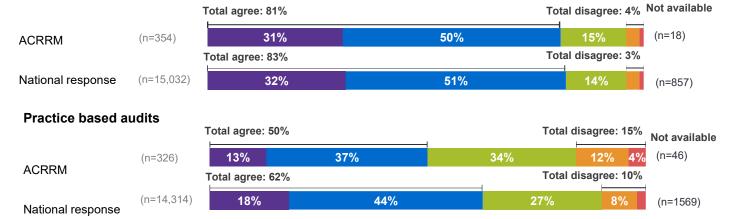
Multidisciplinary meetings

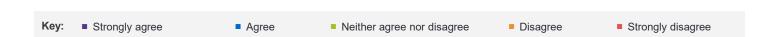


Simulation teaching



Access to mentoring





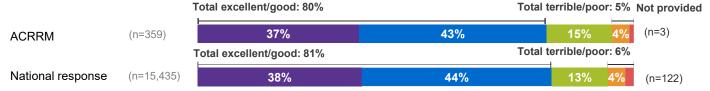
Base: Total sample excluding not available (shown separately)

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

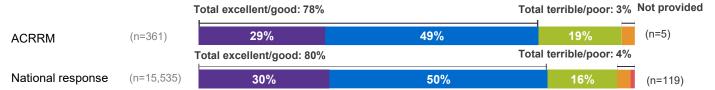
Facilities

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

Reliable internet for training purposes



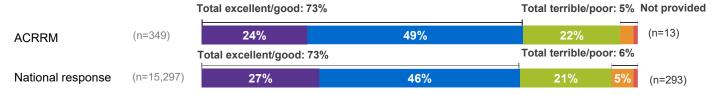
Educational resources



Working space (e.g. desk and computer)



Teaching spaces



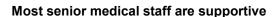


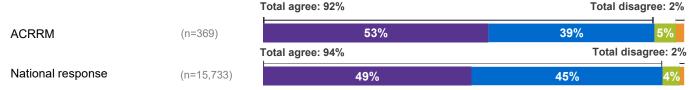
Base: Total sample excluding not provided (shown separately)

Q40. How would you rate the quality of the following in your setting?

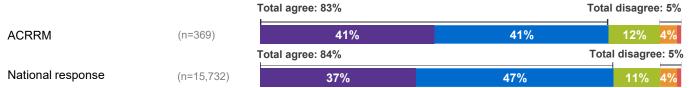
Workplace environment and culture

CULTURE WITHIN THE TRAINEE'S SETTING

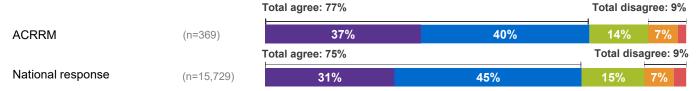




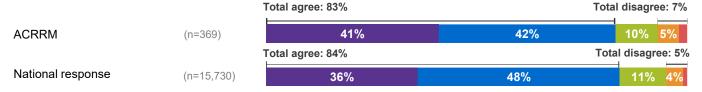
My workplace supports staff wellbeing



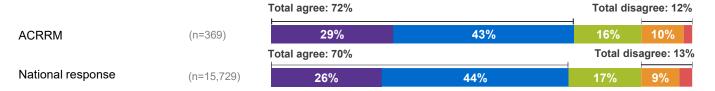
In practice, my workplace supports me to achieve a good work/life balance



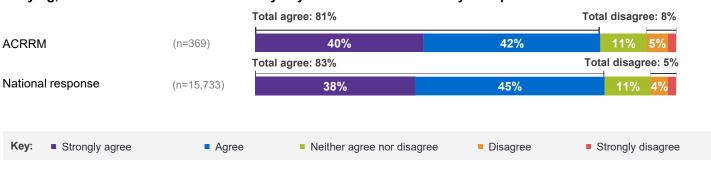
There is a positive culture at my workplace



I have a good work/life balance



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



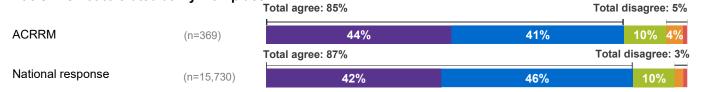
Base: Total sample

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

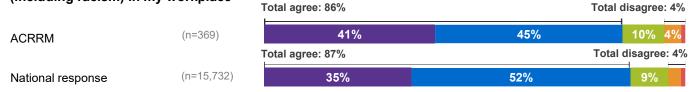
Workplace environment and culture

CULTURE WITHIN THE TRAINEE'S SETTING (continued)

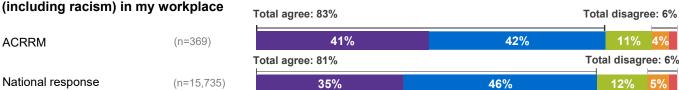




I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace



I am confident that I would raise concerns/issues about bullying, harassment and discrimination

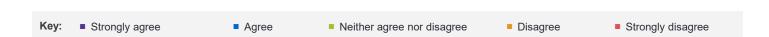


I could access support from my workplace if I experienced stress or a traumatic event



Most senior allied health and nursing staff are supportive





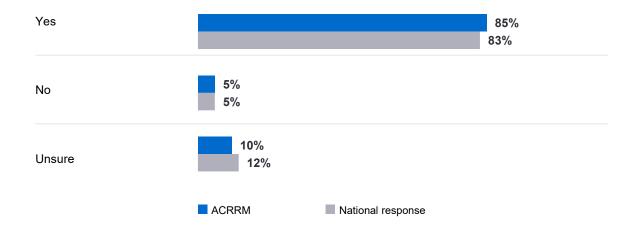
Base: Total sample

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

Profile | Training curriculum | Orientation | Assessment | Clinical supervision | Access to teaching | Facilities | Workplace environment and culture | Patient safety | Overall satisfaction | Future career intentions

Workplace environment and culture

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

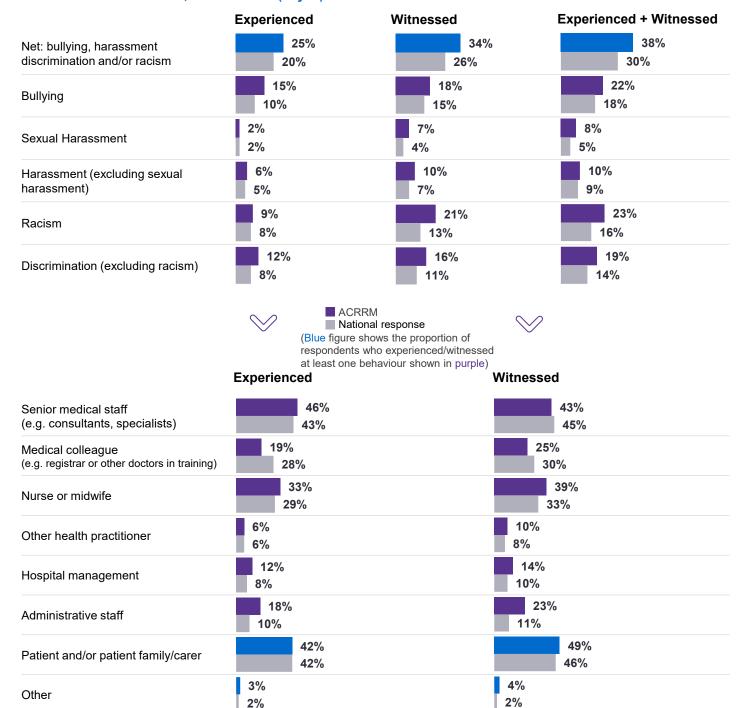


Base: Total sample (National: 2025 n = 15,511; ACRRM: 2025 n = 365)

Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

Workplace environment and culture

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



■ National response

(Where only blue option selected, next question skipped)

ACRRM

Base: Total sample - Experienced (National: 2025 n = 13,796; ACRRM: 2025 n = 323) - Witnessed (National: 2025 n = 14,256; ACRRM: 2025 n = 333) Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Base: Experienced/witnessed bullying, harassment sexual harassment, discrimination and/or racism - Experienced (National: 2025 n = 2,681; ACRRM: 2025 n = 78) - Witnessed (National: 2025 n = 3,546; ACRRM: 2025 n = 106)

4%

8%

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

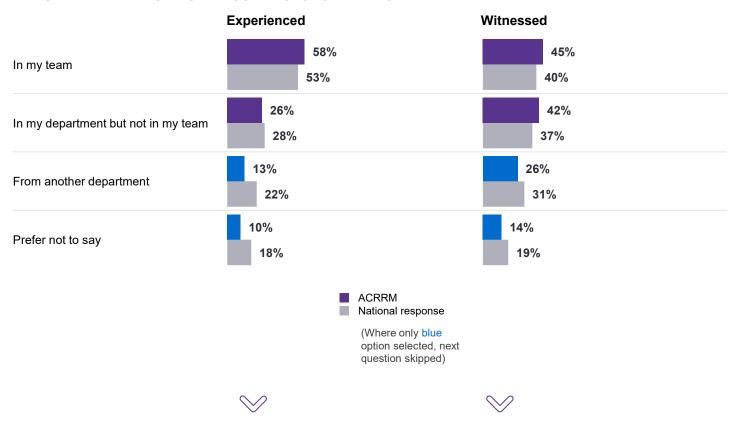
3%

9%

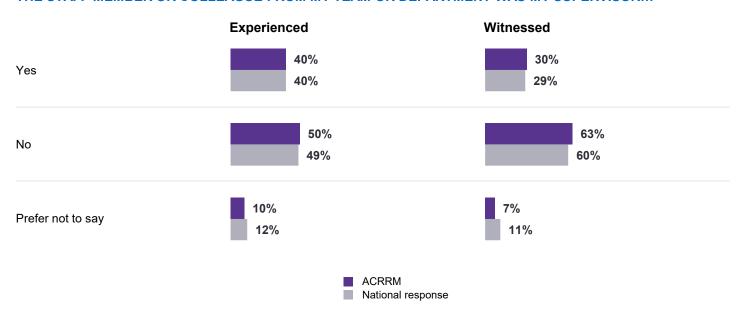
Prefer not to say

Workplace environment and culture

THE STAFF MEMBER OR COLLEAGUE RESPONSIBLE WAS...



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



Base: Experienced bullying, harassment, discrimination and/or racism from someone who was not a patient (National: 2025 n = 1,958 ACRRM: 2025 n = 62)

- Witnessed (National: 2025 n = 2,574; ACRRM: 2025 n = 78)

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

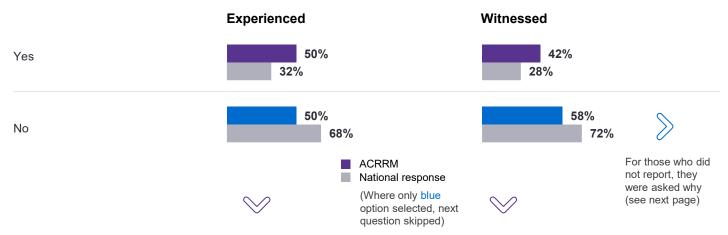
Base: Experienced bullying, harassment discrimination and/or racism from someone in their team or department (rebased to who was not a patient)

(National: 2025 n = 1,383; ACRRM: 2025 n = 48) - Witnessed (National: 2025 n = 1,656; ACRRM: 2025 n = 60)

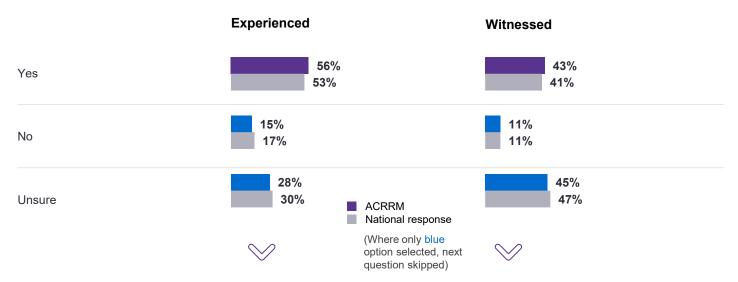
Q42d. Was the person(s) one of your supervisors?...

Workplace environment and culture

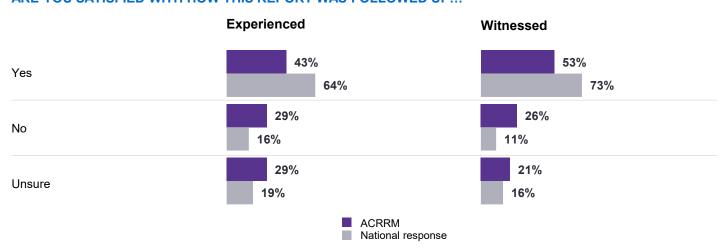
HAVE YOU REPORTED IT...



HAS THE REPORT BEEN FOLLOWED UP...



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

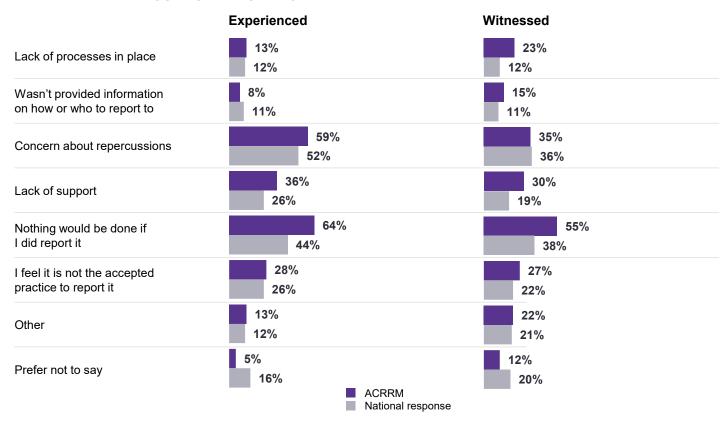


Base: Experienced bullying, harassment discrimination and/or racism (National: 2025 n = 2,670; ACRRM: 2025 n = 78) - Witnessed (National: 2025 n = 3,524; ACRRM: 2025 n = 106) | Q42e. Have you reported it?

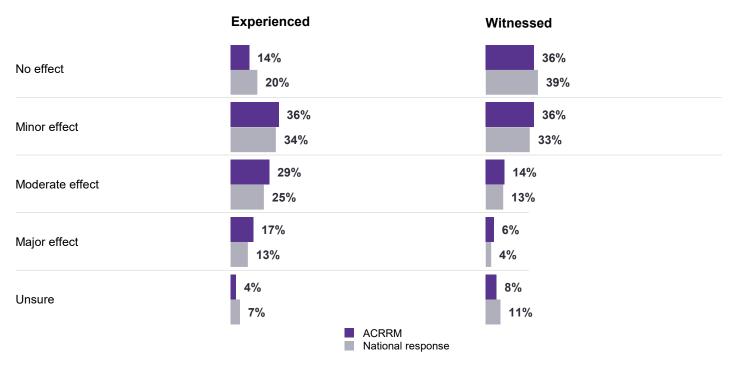
Base: Reported bullying, harassment, discrimination and/or racism (National: 2025 n = 859; ACRRM: 2025 n = 39) - Witnessed (National: 2025 n = 977; ACRRM: 2025 n = 44) | Q42f. Has the report been followed up?

Base: Reported bullying, harassment, discrimination and/or racism who reported the incident and followed it up (National: 2025 n = 447; ACRRM: 2025 n = 21) - Witnessed (National: 2025 n = 401; ACRRM: 2025 n = 19) | Q42g.Are you satisfied with how the report was followed up?

WHAT PREVENTED YOU FROM REPORTING...



HAS THIS INCIDENT ADVERSELY AFFECTED YOUR MEDICAL TRAINING...



Base: Experienced bullying, harassment discrimination and/or racism and did not report it. (National: 2025 n = 1,787; ACRRM: 2025 n = 39) - Witnessed

(National: 2025 n = 2,481; ACRRM: 2025 n = 60)

Q42i. What prevented you from reporting?

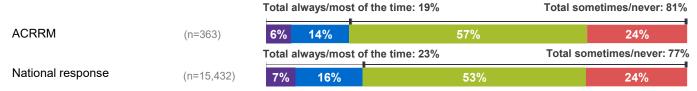
Base: Experienced bullying, harassment discrimination and/or racism (National: 2025 n = 2,674; ACRRM: 2025 n = 78) - Witnessed (National: 2025 n =

3,522; ACRRM: 2025 n = 106)

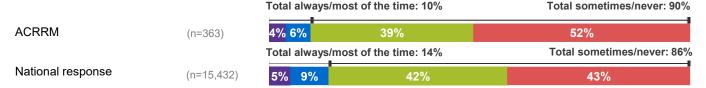
Q42h. How has the incident adversely affected your medical training?

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

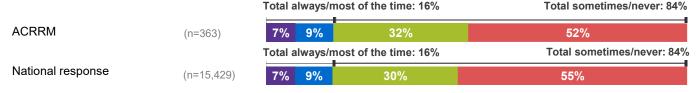
The amount of work I am expected to do



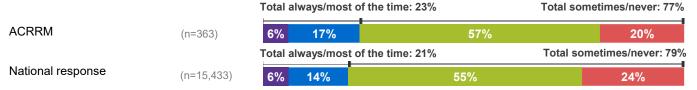
Having to work paid overtime



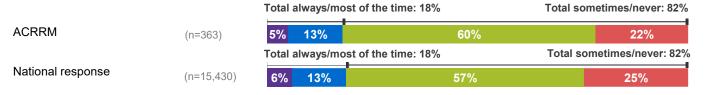
Having to work unpaid overtime



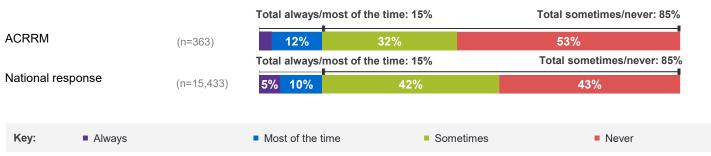
Dealing with patient expectations



Dealing with patients' families



Expectations of supervisors

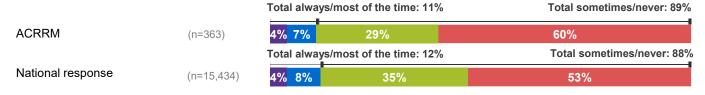


Base: Total sample

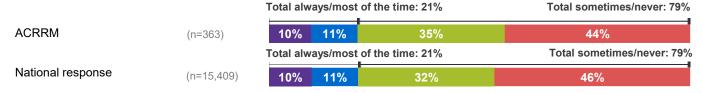
Q44. How often do the following adversely affect your wellbeing in your setting?

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

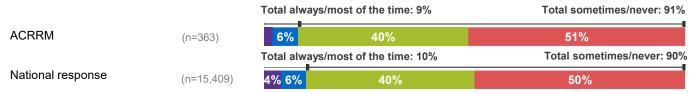
Supervisor feedback



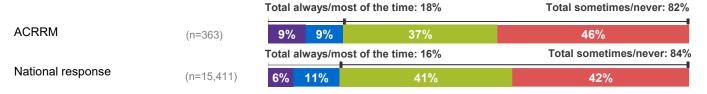
Having to relocate for work



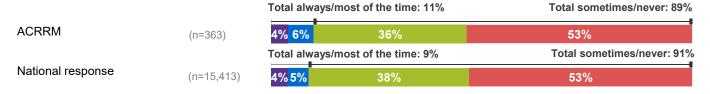
Being expected to do work that I don't feel confident doing



Lack of appreciation



Workplace conflict



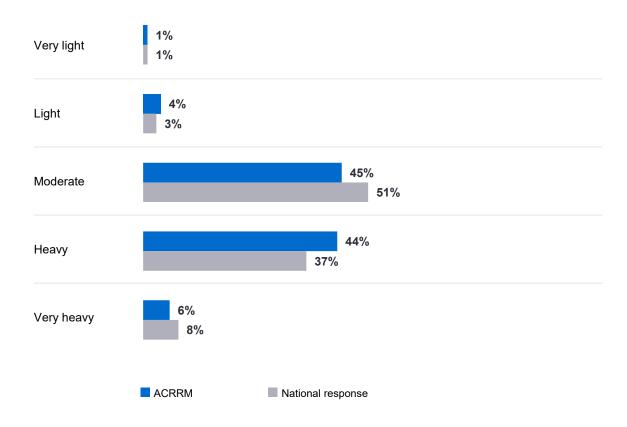


Base: Total sample

Q44. How often do the following adversely affect your wellbeing in your setting?

Workplace environment and culture

HOW WOULD YOU RATE YOUR WORKLOAD IN YOUR SETTING?



Base: Total sample (National: 2025 n = 15,402; ACRRM: 2025 n = 363)

Q45. How would you rate your workload in your setting?

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

On average, ACRRM trainees worked 42.0 hours a week, compared to 44.0 hours a week for the national average.

For ACRRM trainees, 51% were working 40 hours a week or more, compared to the national response of 58%.

On average, ACRRM doctors in training worked... On average, doctors in training nationally worked...

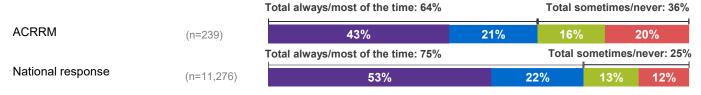


Base: Total sample (National: 2025 n = 15,383; ACRRM: 2025 n = 363). Sample includes respondents who are employed full-time, part-time and casually.

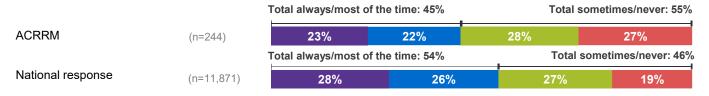
Q46. On average in the past month, how many hours per week have you worked?

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

You get paid for the unrostered overtime



You claim for the unrostered overtime



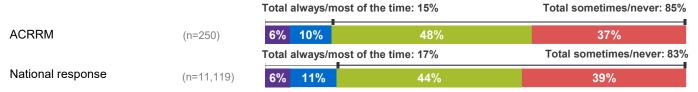


Base: Total sample

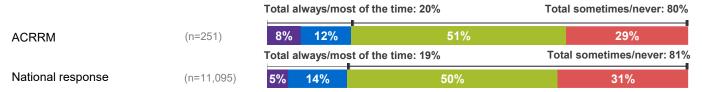
Q47. For any unrostered overtime you have completed in the past, how often did...?

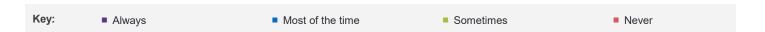
FOR ANY UNROSTERED OVERTIME YOU HAVE COMPLETED IN THE PAST, HOW OFTEN DID (continued):

Working unrostered overtime have a negative impact on your training



Working unrostered overtime provide you with more training opportunities

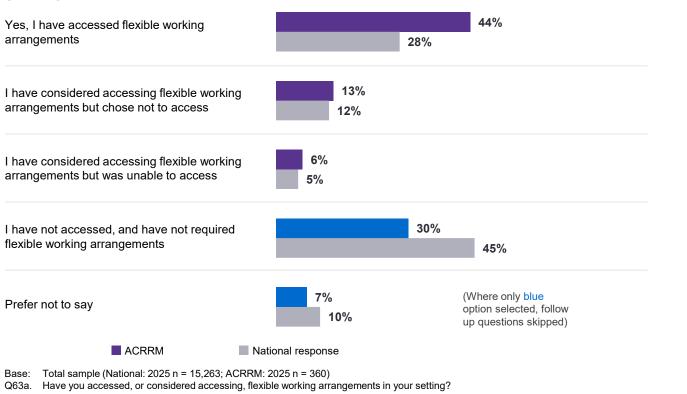




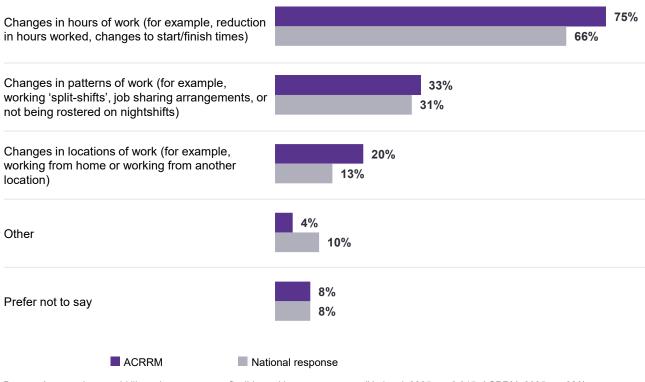
Base: Total sample

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

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



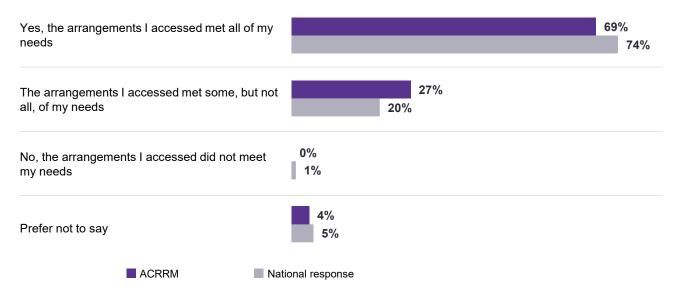
WHAT SORT OF FLEXIBLE WORKING ARRANGEMENTS DID YOU ACCESS/WOULD YOU HAVE LIKED TO ACCESS:



Base: Accessed, or would like to have access to flexible working arrangements (National: 2025 n = 6,915; ACRRM: 2025 n = 226)

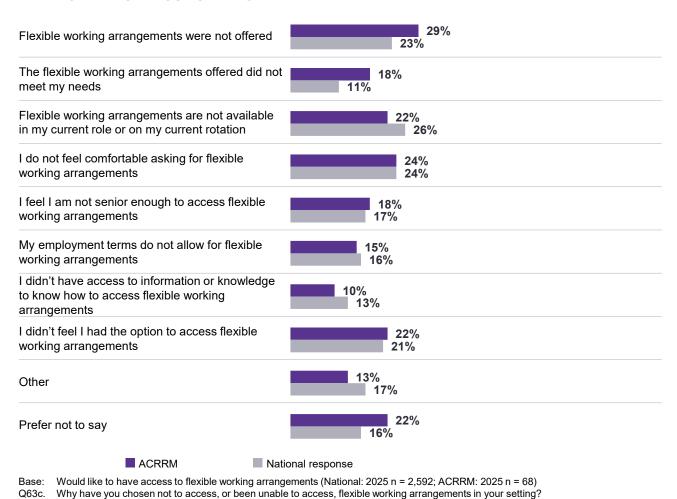
Q64. What sort of flexible working arrangements did you access / What sort of flexible working arrangements would you have liked to access?

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



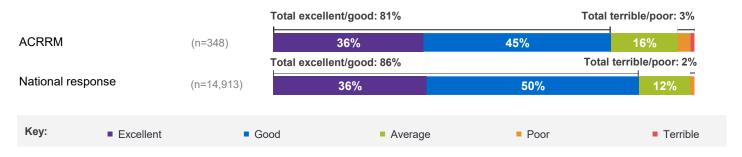
Base: Accessed flexible working arrangements (National: 2025 n = 4,315; ACRRM: 2025 n = 158) Q63b. Did the flexible working arrangements you accessed in your setting meet your needs?

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



Patient safety

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



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

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

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

ACRRM 3%

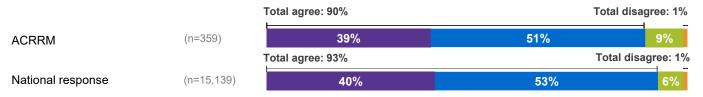
National response 2%

Base: Total Sample

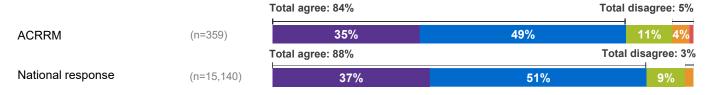
Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

PATIENT CARE AND SAFETY IN THE WORKPLACE

I know how to report concerns about patient care and safety



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





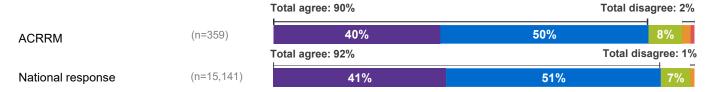
Base: Total sample

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

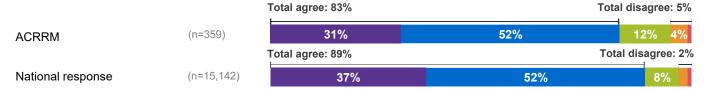
Patient safety

PATIENT CARE AND SAFETY IN THE WORKPLACE (cont.)

I am confident to raise concerns about patient care and safety



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



I have received training on how to provide culturally safe care





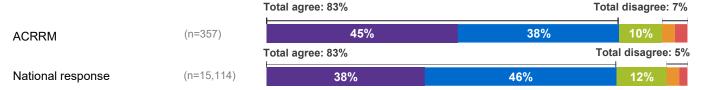
Base: Total sample

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

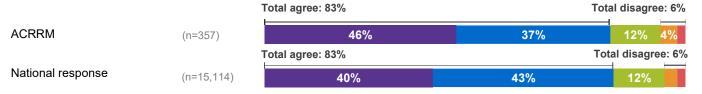
Overall satisfaction

RECOMMEND TRAINING

I would recommend my current training position to other doctors



I would recommend my current workplace as a place to train





Base: Total sample

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

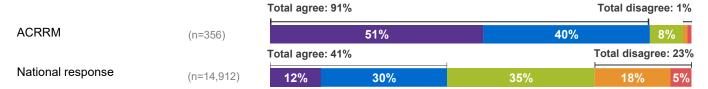
Future career intentions

CAREER INTERESTS





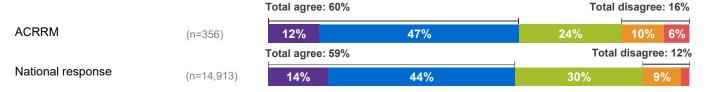
I intend to work in rural practice



I intend to work in medical research



I intend to work in medical teaching



I am considering a future outside of medicine in the next 12 months





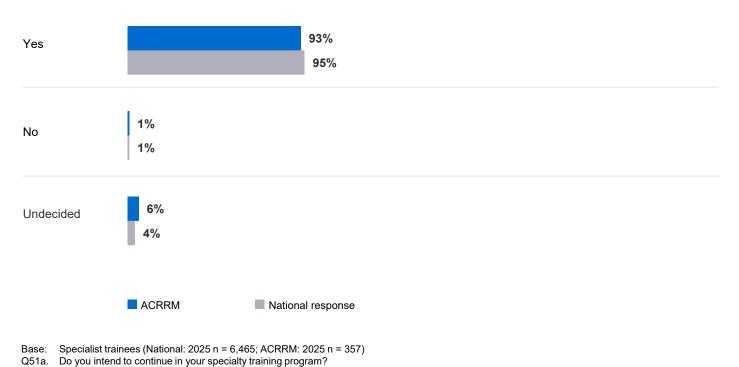
Base: Total sample

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

Future career intentions

CONTINUATION OF SPECIALTY TRAINING PROGRAM

Overall, 93% of ACRRM trainees intended to continue with their specialty.

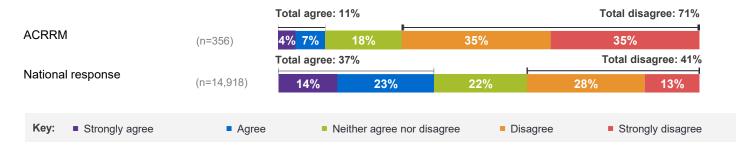


TRAINING PROGRAM COMPLETION AND FUTURE EMPLOYMENT

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



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



Base: Total sample

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

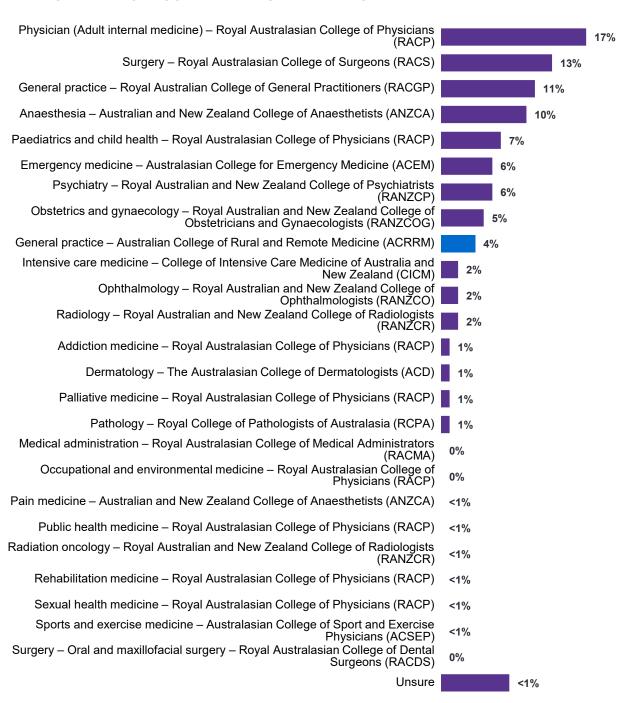
Future career intentions

INTERNS - INTERESTED IN A SPECIALTY



89% of interns are intending to become a specialist. Of these, 4% are interested in pursuing a general practice specialty from ACRRM.

SPECIALIST TRAINING PROGRAM INTERNS ARE INTERESTED IN



Base: Interns (2025 n = 912)

Q52. Do you intend to become a specialist?
 Base: Interns interested in a specialty (2025 n = 814)
 Q53. Which specialty are you most interested in pursuing?

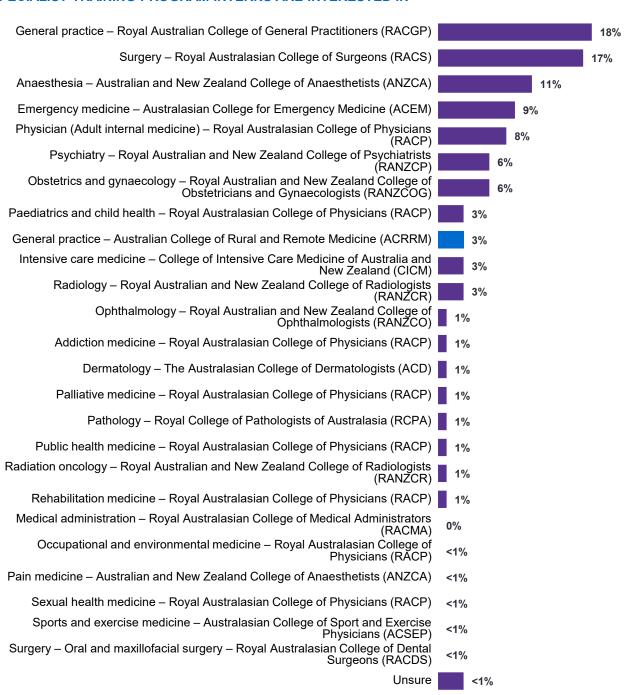
Future career intentions

PREVOCATIONAL AND UNACCREDITED TRAINEES - INTERESTED IN A SPECIALTY



89% of prevocational and unaccredited trainees are intending to become a specialist. Of these, 3% are interested in pursuing a general practice specialty from ACRRM.

SPECIALIST TRAINING PROGRAM INTERNS ARE INTERESTED IN



Base: Prevocational and unaccredited trainees (2025 n = 2,981)

Q52. Do you intend to become a specialist?

Base: Prevocational and unaccredited trainees interested in a specialty (2025 n = 2,660)

Q53. Which specialty are you most interested in pursuing?

Visit MedicalTrainingSurvey.gov.au to explore the results further by using the interactive data dashboard