

**This is a copy of the International Medical Graduate questions.
[TO BE DISPLAYED BEFORE QUESTION 1]**

Medical Training Survey

You have told us you are a doctor in training.

The Medical Board of Australia and Ahpra invite you to participate in the Medical Training Survey (MTS) and provide feedback on the quality and access to medical training.

The MTS will take approximately 15 minutes to complete. You can complete the MTS at any time.

Participation in the MTS is voluntary.

By participating in the MTS, you agree to Ahpra collecting and disclosing the information you provide as detailed in this collection statement [link to participant collection statement PDF]. Please review this statement prior to completing the MTS.

If you do not wish to receive any email reminders about completing the MTS, please email Ahpra on mts@ahpra.gov.au and Ahpra will endeavour to process your request within one business day. You do not need to provide a reason for your request. Alternatively, you may choose to unsubscribe in any MTS email reminders you may receive. By doing so, you will be removed from all future reminders.

[PDF – INFORMATION ON PARTICIPATION]

Medical Training Survey

How to complete the survey

Participants can use their mouse to "Click" the relevant circles, boxes or answer option from a picklist to mark their selection.

Participants may close the survey down and re-enter at the point of departure by clicking the 'Save and Exit' button. To re-enter the survey the participant must log in to their Ahpra portal and click on the MTS portal task.

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

In order for the survey to be completed, the participant must click the "Next" button on the last window of the survey.

For any technical problems with the survey, participants can send an email to MTS@ahpra.gov.au or contact Ahpra Customer Service Team on 1300 419 495 or via the technical assistance webpage (<https://www.ahpra.gov.au/Support/Ahpra-portal-help-centre/Create-portal-account.aspx>).

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 MTS email reminders at any time without providing a reason.
- The extent to which the Medical Board of Australia (MBA) and other stakeholders 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 you or any other 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 in accordance with the *Privacy Act 1988* (Cth), the Health Practitioner Regulation National Law (the National Law) and Ahpra's Privacy Policy. MTS data collected will only be used for the purposes described in this document.

The MTS is being administered by the MBA and Ahpra.

The MBA and Ahpra will provide de-identified data to our survey partner, EY Sweeney, who will analyse and report on the results in a de-identified and aggregate format. No personal information will be provided to EY Sweeney.

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.

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 may use 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 analysis and reporting will endeavour to protect the identity of individual participants. For example:

- Ahpra will only provide de-identified data to EY Sweeney;
- Reports generated by EY Sweeney will only be provided where 10 or more responses from participants have been received; and
- EY Sweeney will not provide individual MTS responses to third parties outside of the MBA and Ahpra.

Data Management

All MTS data provided to EY Sweeney 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 Ahpra via phone on 1300 419 495 or via an online web enquiry (<https://www.ahpra.gov.au/About-Ahpra/Contact-Us/Make-an-Enquiry.aspx>).

Non-technical queries, such as questions regarding the content of the MTS, queries about participant rights or complaints about the way 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 1300 364 832 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.

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.

Q1. What is your postgraduate year? {Q1}	<table> <tr><td>PGY1</td><td>☐ 01</td></tr> <tr><td>PGY2</td><td>☐ 02</td></tr> <tr><td>PGY3</td><td>☐ 03</td></tr> <tr><td>PGY4</td><td>☐ 04</td></tr> <tr><td>PGY5</td><td>☐ 05</td></tr> <tr><td>PGY6</td><td>☐ 06</td></tr> <tr><td>PGY7</td><td>☐ 07</td></tr> <tr><td>PGY8</td><td>☐ 08</td></tr> <tr><td>PGY9</td><td>☐ 09</td></tr> <tr><td>PGY≥10</td><td>☐ 10</td></tr> </table>	PGY1	☐ 01	PGY2	☐ 02	PGY3	☐ 03	PGY4	☐ 04	PGY5	☐ 05	PGY6	☐ 06	PGY7	☐ 07	PGY8	☐ 08	PGY9	☐ 09	PGY≥10	☐ 10
PGY1	☐ 01																				
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PGY6	☐ 06																				
PGY7	☐ 07																				
PGY8	☐ 08																				
PGY9	☐ 09																				
PGY≥10	☐ 10																				
Q2. Are you employed: {Q61}	<table> <tr><td>Full time</td><td>☐ 1</td></tr> <tr><td>Part time</td><td>☐ 2</td></tr> <tr><td>Casually</td><td>☐ 3</td></tr> <tr> <td>On leave for most of your current rotation</td> <td>TERMINATE 1</td> </tr> <tr><td></td><td>☐ 99</td></tr> </table>	Full time	☐ 1	Part time	☐ 2	Casually	☐ 3	On leave for most of your current rotation	TERMINATE 1		☐ 99										
Full time	☐ 1																				
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	☐ 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 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.

Q4. In which state or territory is your current term/rotation/placement primarily based? Please select one response only. {Q2}	ACT	☐ 01
	NSW	☐ 02
	NT	☐ 03
	QLD	☐ 04
	SA	☐ 05
	Tas.	☐ 06
	Vic.	☐ 07
	WA	☐ 08
	Outside Australia	TERMINATE 2 ☐ 09

TERMINATE 2:

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors who are in Australia for their current placement – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this, please email MTS@ahpra.gov.au.

Q5a. Is your current position in a hospital? {Q8a}	Yes	☐ 1
	No	☐ 2

ASK IF Q5a=1 {Q8a=1} Q5b. Which hospital do you work at? If you work at more than one hospital, select where you spend most time. Please type in and select. {Q8b}	PIPE RESPONSES BY FROM STATE LIST Q4 {Q2}	
		☐ 01
		☐ 02
		☐ 03
		☐ 04
		☐ 05
		☐ 06
	Other	☐ 97
	Do not wish to specify	☐ 98

ASK IF Q5a=1 {Q8a} Q5c. Select any additional settings you work in. This question refers to your additional <u>clinical settings/workplace</u>, not your role/rotation/position. ASK IF Q5a=2 {Q8a} Q5c. Which settings do you work in? Please select all that apply HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. {Q5c}	<table border="1"> <tr><td>Aboriginal and Torres Strait Islander health service</td><td>☐ 01</td></tr> <tr><td>Aged care facility</td><td>☐ 02</td></tr> <tr><td>Community health service</td><td>☐ 03</td></tr> <tr><td>Correctional services</td><td>☐ 04</td></tr> <tr><td>General practice clinic</td><td>☐ 05</td></tr> <tr><td>Medical laboratory</td><td>☐ 06</td></tr> <tr><td>Private practice (exc general practice)</td><td>☐ 07</td></tr> <tr><td>Research/university</td><td>☐ 08</td></tr> <tr><td>Other</td><td>☐ 97</td></tr> <tr><td>Not applicable</td><td>☐ 98</td></tr> </table>	Aboriginal and Torres Strait Islander health service	☐ 01	Aged care facility	☐ 02	Community health service	☐ 03	Correctional services	☐ 04	General practice clinic	☐ 05	Medical laboratory	☐ 06	Private practice (exc general practice)	☐ 07	Research/university	☐ 08	Other	☐ 97	Not applicable	☐ 98
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Research/university	☐ 08																				
Other	☐ 97																				
Not applicable	☐ 98																				
ASK IF Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE {Q8a=2 Q8b=97 98} Q6. Is your current setting in a...? 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. {Q62}	<table border="1"> <tr><td>Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)</td><td>☐ 1</td></tr> <tr><td>Regional area (e.g. within or less than 15km from a town with a population of at least 15,000 that is not a capital city)</td><td>☐ 2</td></tr> <tr><td>Rural area (e.g. more than 15km from the closest town with a population of at least 15,000)</td><td>☐ 3</td></tr> <tr><td>Do not wish to specify</td><td>☐ 99</td></tr> </table>	Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	☐ 1	Regional area (e.g. within or less than 15km from a town with a population of at least 15,000 that is not a capital city)	☐ 2	Rural area (e.g. more than 15km from the closest town with a population of at least 15,000)	☐ 3	Do not wish to specify	☐ 99												
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Do not wish to specify	☐ 99																				
Q7. What is your current role in the 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. {Q4}	<table border="1"> <tr><td>Intern</td><td>☐ 1</td></tr> <tr><td>Resident Medical Officer / Hospital Medical Officer</td><td>☐ 2</td></tr> <tr><td>Principal House Officer</td><td>☐ 4</td></tr> <tr><td>Career Medical Officer</td><td>☐ 6</td></tr> <tr><td>Registrar</td><td>☐ 7</td></tr> <tr><td>Specialist</td><td>☐ 8</td></tr> <tr><td>Unaccredited Registrar</td><td>☐ 9</td></tr> <tr><td>Other</td><td>☐ 97</td></tr> </table>	Intern	☐ 1	Resident Medical Officer / Hospital Medical Officer	☐ 2	Principal House Officer	☐ 4	Career Medical Officer	☐ 6	Registrar	☐ 7	Specialist	☐ 8	Unaccredited Registrar	☐ 9	Other	☐ 97				
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Registrar	☐ 7																				
Specialist	☐ 8																				
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Other	☐ 97																				
ASK IF Q7=6 {Q4=6} Q8. Do you intend to undertake further postgraduate training in medicine? {Q5}	<table border="1"> <tr><td>Yes</td><td>☐ 1</td></tr> <tr><td>No</td><td>☐ 2</td></tr> </table>	Yes	☐ 1	No	☐ 2																
Yes	☐ 1																				
No	☐ 2																				

Q9a. Which area are you currently practising in?

Please select one response only.

{Q7}

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

ASK IF Q9a = 4 | 5 | 6 | 8 | 11 | 14 | 15 | 19 | 23

{Q7=4|6|8|11|14|15|19|23}

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

{Q7b}

Emergency Medicine [04]

- Paediatric emergency medicine ☐ 12
- Not applicable ☐ 98
- Prefer not to say ☐ 99

General practice [05]

- Rural generalist medicine ☐ 65
- Not applicable ☐ 98
- Prefer not to say ☐ 99

Intensive care medicine [06]

- Paediatric intensive care ☐ 01
- Not applicable ☐ 98
- Prefer not to say ☐ 99

Obstetrics and gynaecology [08]

- Gynaecological oncology ☐ 60
- Maternal–fetal medicine ☐ 61
- Obstetrics and gynaecological ultrasound ☐ 62
- Reproductive endocrinology and infertility ☐ 63
- Urogynaecology ☐ 64
- Not applicable ☐ 98
- Prefer not to say ☐ 99

	Paediatrics and child health	[11]
	General paediatrics	☐ 06
	Paediatric clinical genetics	☐ 07
	Community child health	☐ 08
	Neonatal and perinatal medicine	☐ 09
	Paediatric cardiology	☐ 10
	Paediatric clinical pharmacology	☐ 11
	Paediatric emergency medicine	☐ 12
	Paediatric endocrinology	☐ 13
	Paediatric gastroenterology and hepatology	☐ 14
	Paediatric haematology	☐ 15
	Paediatric immunology and allergy	☐ 16
	Paediatric infectious diseases	☐ 17
	Paediatric intensive care medicine	☐ 18
	Paediatric medical oncology	☐ 19
	Paediatric nephrology	☐ 20
	Paediatric neurology	☐ 21
	Paediatric nuclear medicine	☐ 22
	Paediatric palliative medicine	☐ 23
	Paediatric rehabilitation medicine	☐ 24
	Paediatric respiratory and sleep medicine	☐ 25
	Paediatric rheumatology	☐ 26
	Not applicable	☐ 98
	Prefer not to say	☐ 99

	Pathology	[14]
	General pathology	☐ 27
	Anatomical pathology (including cytopathology)	☐ 28
	Chemical pathology	☐ 29
	Haematology	☐ 30
	Immunology	☐ 31
	Microbiology	☐ 32
	Forensic pathology	☐ 33
	Genetic pathology	☐ 66
	Not applicable	☐ 98
	Prefer not to say	☐ 99
	Physician Adult medicine	[15]
	General medicine	☐ 34
	Cardiology	☐ 35
	Clinical genetics	☐ 36
	Clinical pharmacology	☐ 37
	Endocrinology	☐ 38
	Gastroenterology and hepatology	☐ 39
	Geriatric medicine	☐ 40
	Haematology	☐ 41
	Immunology and allergy	☐ 42
	Infectious diseases	☐ 43
	Medical oncology	☐ 44
	Nephrology	☐ 45
	Neurology	☐ 46
	Nuclear medicine	☐ 47
	Respiratory and sleep medicine	☐ 48
	Rheumatology	☐ 49
	Not applicable	☐ 98
	Prefer not to say	☐ 99

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

TRAINING CURRICULUM

Q10. How many years have you held registration in Australia? {Q9}	<table> <tr><td>1 or less</td><td>☐ 01</td></tr> <tr><td>2</td><td>☐ 02</td></tr> <tr><td>3</td><td>☐ 03</td></tr> <tr><td>4</td><td>☐ 04</td></tr> <tr><td>5</td><td>☐ 05</td></tr> <tr><td>6</td><td>☐ 06</td></tr> <tr><td>7</td><td>☐ 07</td></tr> <tr><td>8</td><td>☐ 08</td></tr> <tr><td>9</td><td>☐ 09</td></tr> <tr><td>10 or more</td><td>☐ 10</td></tr> </table>	1 or less	☐ 01	2	☐ 02	3	☐ 03	4	☐ 04	5	☐ 05	6	☐ 06	7	☐ 07	8	☐ 08	9	☐ 09	10 or more	☐ 10
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10 or more	☐ 10																				
Q11a. Which pathway are you currently in? {Q10a}	<table> <tr> <td>Specialist and competent authority pathway</td> <td>Go to Q11b {Q10b} ☐ 01</td> </tr> <tr> <td>Specialist pathway</td> <td>Go to Q11b {Q10b} ☐ 02</td> </tr> <tr><td>Standard pathway (AMC exam)</td><td>☐ 03</td></tr> <tr><td>Standard pathway (Workplace based assessment)</td><td>☐ 04</td></tr> <tr><td>Competent authority pathway</td><td>☐ 05</td></tr> <tr><td>Short term training pathway</td><td>☐ 06</td></tr> <tr><td>Other</td><td>☐ 97</td></tr> <tr><td>Unsure</td><td>☐ 99</td></tr> </table>	Specialist and competent authority pathway	Go to Q11b {Q10b} ☐ 01	Specialist pathway	Go to Q11b {Q10b} ☐ 02	Standard pathway (AMC exam)	☐ 03	Standard pathway (Workplace based assessment)	☐ 04	Competent authority pathway	☐ 05	Short term training pathway	☐ 06	Other	☐ 97	Unsure	☐ 99				
Specialist and competent authority pathway	Go to Q11b {Q10b} ☐ 01																				
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Short term training pathway	☐ 06																				
Other	☐ 97																				
Unsure	☐ 99																				

ASK IF Q11a=1 OR 2 {Q10a=1|2}

Q11b. Which college(s) did your specialist pathway assessment?

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

{Q10b}

- Australasian College for Emergency Medicine (**ACEM**) ☐ 01
- Australasian College of Dermatologists (**ACD**) ☐ 02
- Australasian College of Sport and Exercise Physicians (**ACSEP**) ☐ 03
- Australian and New Zealand College of Anaesthetists (**ANZCA**) ☐ 04
- Australian College of Rural and Remote Medicine (**ACRRM**) ☐ 05
- College of Intensive Care Medicine of Australia and New Zealand (**CICM**) ☐ 06
- Royal Australasian College of Dental Surgeons (**RACDS**) ☐ 07
- The Royal Australasian College of Medical Administrators (**RACMA**) ☐ 08
- Royal Australasian College of Physicians (**RACP**) ☐ 09
- Royal Australasian College of Surgeons (**RACS**) ☐ 10
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (**RANZCOG**) ☐ 11
- Royal Australian and New Zealand College of Ophthalmologists (**RANZCO**) ☐ 12
- Royal Australian and New Zealand College of Psychiatrists (**RANZCP**) ☐ 13
- Royal Australian and New Zealand College of Radiologists (**RANZCR**) ☐ 14
- Royal Australian College of General Practitioners (**RACGP**) ☐ 15
- Royal College of Pathologists of Australasia (**RCPA**) ☐ 16
- Prefer not to say ☐ 97
- Unsure ☐ 99

Q12. 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/college/MBA

{Q11}

- Yes **Go to Q13** {Q12} ☐ 1
- No **Go to Q14** {Q13} ☐ 2

ASK IF Q12=1 {Q11=1}

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

{Q12}

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

ORIENTATION

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

If you have more than one current setting, please consider the setting where you spend the most time.

Q27a. Did you receive an orientation to your setting?	Yes, a formal orientation ☐ 1
HOVERTEXT FOR 'SETTING'	Yes, but it was largely informal ☐ 2
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	No ☐ 3 Go to Q28 {Q30}

{Q29a}

ASK IF Q27a=1 OR 2 {Q29a=1|2}

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

{Q29b}

Excellent	☐ 5
Good	☐ 4
Average	☐ 3
Poor	☐ 2
Terrible	☐ 1

CLINICAL SUPERVISION

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

Q28. In your setting, who mainly provides your day-to-day 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.

{Q30}

- | | |
|--|-------------------------|
| Specialist (including specialist GP) | ☐ 1 |
| Registrar | ☐ 2 |
| Other doctor | ☐ 3 |
| Nurse | ☐ 4 |
| Other | ☐ 5 |
| I don't have a clinical supervisor/peer reviewer | ☐ 7 |
| Go to Q32 {Q34} | |

ASK IF Q28=1 TO 5 {Q30=1:5}

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

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

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.

{Q31}

		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	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
2.	I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

ASK IF Q28=1 TO 5 {Q30=1:5}

Q30. We'd now like you to give a rating for the following statements

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

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 {Q32a}

	Excellent	Good	Average	Poor	Terrible	Not applicable
1. Helpfulness of supervisor	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
2. Accessibility of supervisor	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
3. Regular, INFORMAL feedback	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
4. Regular, FORMAL feedback	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
5. Usefulness of feedback	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
6. Discussions about my goals and learning objectives	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
7. Supporting you to meet your training plan/pathway requirements	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
8. Including opportunities to develop your skills	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
9. Ensuring your work is appropriate to your level of training	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
10. Completing workplace-based assessments	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99

ASK IF Q28=1 TO 5 {Q30=1:5} Q31. For your setting, how would you rate the quality of your clinical supervision/peer review? 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. {Q33}	<table> <tr><td>Excellent</td><td>☐ 5</td></tr> <tr><td>Good</td><td>☐ 4</td></tr> <tr><td>Average</td><td>☐ 3</td></tr> <tr><td>Poor</td><td>☐ 2</td></tr> <tr><td>Terrible</td><td>☐ 1</td></tr> </table>	Excellent	☐ 5	Good	☐ 4	Average	☐ 3	Poor	☐ 2	Terrible	☐ 1
Excellent	☐ 5										
Good	☐ 4										
Average	☐ 3										
Poor	☐ 2										
Terrible	☐ 1										
Q32. Has your performance been assessed in your setting? HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. {Q34}	<table> <tr><td>Yes</td><td>☐ 1</td></tr> <tr><td>No – but this is scheduled</td><td>☐ 2</td></tr> <tr><td>No – but I would like to be</td><td>☐ 3</td></tr> <tr><td>No – it's not necessary</td><td>☐ 4</td></tr> <tr><td>Unsure</td><td>☐ 5</td></tr> </table>	Yes	☐ 1	No – but this is scheduled	☐ 2	No – but I would like to be	☐ 3	No – it's not necessary	☐ 4	Unsure	☐ 5
Yes	☐ 1										
No – but this is scheduled	☐ 2										
No – but I would like to be	☐ 3										
No – it's not necessary	☐ 4										
Unsure	☐ 5										

ACCESS TO TEACHING

Q35. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your... 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. {Q22}			
	Yes	No	Not applicable
1. Theoretical knowledge	☐ 1	☐ 2	☐ 3
2. Clinical skills	☐ 1	☐ 2	☐ 3
3. Procedural skills	☐ 1	☐ 2	☐ 3
4. Teaching and supervision skills	☐ 1	☐ 2	☐ 3
5. Ethics	☐ 1	☐ 2	☐ 3
6. Leadership and management	☐ 1	☐ 2	☐ 3
7. Communication	☐ 1	☐ 2	☐ 3
8. Cultural safety	☐ 1	☐ 2	☐ 3
9. Research	☐ 1	☐ 2	☐ 3
10. Prescribing	☐ 1	☐ 2	☐ 3
11. Recognition and care of the acutely unwell patient	☐ 1	☐ 2	☐ 3

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...

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	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
2.	I have to compete with other doctors for access to opportunities	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
3.	I have to compete with other health professionals for access to opportunities	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99

Q34. Thinking about **access to teaching and research** 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.

{Q36}

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

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

My job responsibilities...

{Q37}

Never prevent me from meeting my training requirements ☐ 1
Rarely prevent me from meeting my training requirements ☐ 2
Sometimes prevent me from meeting my training requirements ☐ 3
Often prevent me from meeting my training requirements ☐ 4

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

{Q14}

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

Q39. Overall, how would you rate the quality of the teaching sessions?

{Q38}

Excellent	☐ 5
Good	☐ 4
Average	☐ 3
Poor	☐ 2
Terrible	☐ 1

WORKPLACE ENVIRONMENT AND CULTURE

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.

{Q39}

	Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1. Reliable internet for training purposes	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 98	☐ 99
2. Educational resources	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 98	☐ 99
3. Working space (e.g. desk and computer)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 98	☐ 99
4. Teaching spaces	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 98	☐ 99

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.

{Q40}

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

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

Please select all that apply per column.

PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

*Australian Human Rights Commission (AHRC) (2014) *Workplace discrimination, harassment and bullying*, www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying

** *Racial Discrimination Act* <https://humanrights.gov.au/quick-guide/12083>

{Q41A_2}

	1) Experienced	2) Witnessed
1. Bullying <i>The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.*</i>	☐ 1	☐ 1
6. Sexual harassment <i>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.</i>	☐ 6	☐ 6
2. Harassment (excluding sexual harassment) <i>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.</i>	☐ 2	☐ 2
4. Racism <i>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.**</i>	☐ 5	☐ 5
3. Discrimination (excluding racism) <i>Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation.</i>	☐ 3	☐ 3
98. None of these	☐ 98	☐ 98

SHOW FOR ANY OF THE CODES AT 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.

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

SHOW IF Q42a.1=1|2|3|4|5|6 OR Q42a.2=1|2|3|4|5|6 {Q41B_2}

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

Please select all that apply.

{NEW}

	1) Experienced	2) Witnessed
1. Senior medical staff (e.g. consultants, specialists)	☐ 1	☐ 1
2. Medical colleague (e.g. registrar or other doctors in training)	☐ 2	☐ 2
3. Nurse or midwife	☐ 3	☐ 3
4. Other health practitioner	☐ 4	☐ 4
5. Hospital management	☐ 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	☐ 99	☐ 99

SHOW IF Q42b.1=1|2|3|4|5|6 OR Q42b.2=1|2|3|4|5|6 {Q41B_2}

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

Please select all that apply.

{Q41C_2}

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

SHOW IF Q42c.1=1|2| or Q42c.2=1|2| {Q41C_2}

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

{Q41D_2}

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

SHOW IF Q42a.1=1|2|3|4|5|6 OR Q42a.2=1|2|3|4|5|6 {Q41A_2}

Q42e. Have you reported it?

{Q41E_2}

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

SHOW IF Q42e.1=2 OR Q42e.2=2 {Q41XI}

Q42i. What prevented you from reporting?

Please select all that apply. {NEW}

	1) Experienced	2) Witnessed
1. Lack of processes in place	☐ 1	☐ 1
2. Wasn't provided information on how or who to report to	☐ 2	☐ 2
3. Concern about repercussions	☐ 3	☐ 3
4. Lack of support	☐ 4	☐ 4
5. Nothing would be done if I did report it	☐ 5	☐ 5
6. I felt it was not the accepted practice to report it	☐ 6	☐ 6
7. Other	☐ 7	☐ 7
98. Prefer not to say	☐ 99	☐ 99

SHOW IF Q42e.1=1 OR Q42e.2=1 {Q41E_2}

Q42f. Has the report been followed-up?

{Q41F_2}

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

SHOW IF Q42xf.1=1| OR Q42xf.2=1| {NEW}

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

{NEW}

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

SHOW IF Q42a.1=1|2|3|4|5|6 OR Q42a.2=1|2|3|4|5|6

Q42xh. How has the incident adversely affected your medical training?

{NEW}

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

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

{Q42}

- Yes ☐ 1
- No ☐ 2
- Unsure ☐ 3

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

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.

PROGRAMMER NOTE: SPLIT ACROSS TWO SCREENS

{Q43}

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

Q45. How would you rate your workload 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. {Q44}	Very light	☐ 1
	Light	☐ 2
	Moderate	☐ 3
	Heavy	☐ 4
	Very heavy	☐ 5

Q46. On average in the past month, how many hours <u>per week</u> have you worked? HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call {Q45}	20 hours or less	☐ 1
	21 – 30 hours	☐ 2
	31 – 40 hours	☐ 3
	41 – 50 hours	☐ 4
	51 – 60 hours	☐ 5
	61 – 70 hours	☐ 6
	71 – 80 hours	☐ 7
	81 – 90 hours	☐ 8
	More than 90 hours	☐ 9

Q47. For any unrostered overtime you have completed in your current rotation, how often did...?					
{Q46}					
	Always	Most of the time	Sometimes	Never	Not Applicable
4. You claim for the unrostered overtime	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
1. You get paid for the unrostered overtime	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
2. Working unrostered overtime have a negative impact on your training	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99
3. Working unrostered overtime provide you with more training opportunities	☐ 4	☐ 3	☐ 2	☐ 1	☐ 99

Q63a. Have you accessed, or considered accessing, flexible working arrangements in your setting? <i>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> 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, I have accessed flexible working arrangements	☐ 1
	I have considered accessing flexible working arrangements but chose not to access	☐ 2
	I have considered accessing flexible working arrangements but was unable to access	☐ 3
	I have not accessed, and have not required flexible working arrangements	☐ 4
	Prefer not to say	☐ 99

ASK IF Q63a=1, 2 OR 3
Q64. SHOW IF Q63a=1

What sort of flexible arrangements did you access?

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.

Please select all that apply.

Changes in hours of work (e.g., reduction in hours worked, changes to start/finish times) ☐ 1

Changes in patterns of work (e.g., working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts) ☐ 2

Changes in location of work (e.g., working from home or working from another location) ☐ 3

Other ☐ 4

Prefer not to say ☐ 99

ASK IF Q63a=1

Q63b. 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 ☐ 1

The arrangements I accessed met some, but not all, of my needs ☐ 2

No, the arrangements I accessed did not meet my needs ☐ 3

Prefer not to say ☐ 99

ASK IF Q63a=2 OR 3

Q63c. Why have you not accessed, flexible working arrangements in your setting?

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.

Please select all that apply.

- | | |
|--|-----------------------------|
| Flexible working arrangements were not offered | ☐ 1 |
| The flexible working arrangements offered did not meet my needs | ☐ 2 |
| Flexible working arrangements aren't available in my current role or rotation | ☐ 3 |
| I didn't feel comfortable asking for flexible working arrangements in my current setting | ☐ 4 |
| I felt I wasn't senior enough to access flexible working arrangements | ☐ 5 |
| My employment terms do not allow for flexible working arrangements | ☐ 10 |
| I didn't have access to information or knowledge to know how to access flexible working arrangements | ☐ 7 |
| I didn't feel I had the option to access flexible working arrangements | ☐ 8 |
| Other | ☐ 9 |
| Prefer not to say | ☐ 99 |

PATIENT SAFETY

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

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.

{Q49}

- | | |
|----------------------------|-------------------------|
| Excellent | ☐ 5 |
| Good | ☐ 4 |
| Average | ☐ 3 |
| Poor | ☐ 2 |
| Terrible | ☐ 1 |
| I did not receive training | ☐ 6 |

Q49. Thinking about **patient care and safety** 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.

{Q50}

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

OVERALL SATISFACTION

Q50. Thinking about 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.

{Q52}

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

FUTURE CAREER INTENTIONS

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

Q51b. Do you intend to continue on a pathway to general or specialist registration? {Q53b}	Yes – general registration	Go to Q54 {Q56} ☐ 1
	Yes – specialist registration	Go to Q54 {Q56} ☐ 2
	No	Go to Q62a {Q62a} ☐ 3
	Unsure	Go to Q54 {Q56} ☐ 4

SKIP IF Q51b=3 {Q53b=3}

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

{Q56}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
8.	I intend to work in Aboriginal and Torres Strait Islander health/healthcare	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
9.	I intend to work in rural practice	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
10.	I intend to work in medical research	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
11.	I intend to work in medical teaching	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
5.	I am concerned I won't successfully meet my pathway requirements	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
6.	I am concerned about whether I will be able to secure employment on completing of the pathway	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
12.	I am considering a future outside of medicine in the next 12 months	☐ 5	☐ 4	☐ 3	☐ 2	☐ 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.

Q55. Do you identify as...? <i>Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents</i> {Q57}	Man or male	☐ 1
	Woman or female	☐ 2
	Non-binary	☐ 3
	I use a different term	☐ 4
	Prefer not to say	☐ 99

Q56. What is your age? {Q58}	20 to 24 ☐ 1 25 to 29 ☐ 2 30 to 34 ☐ 3 35 to 39 ☐ 4 40 to 45 ☐ 5 45+ ☐ 6 Prefer not to say ☐ 99
Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? {Q59}	Yes – Aboriginal ☐ 1 Yes – Torres Strait Islander ☐ 2 Yes – Both Aboriginal and Torres Strait Islander ☐ 3 No ☐ 4 Prefer not to say ☐ 99
Q60. Do you identify as a person with a disability? <i>Please note, the definition of disability includes sensory, intellectual, neuro-diverse, physical and mental illness – where the disability is permanent or is likely to be permanent.</i> {Q65}	Yes ☐ 1 No ☐ 2 Prefer not to say ☐ 99
Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others? Please select all that apply. {Q66}	Yes – Sole parenting responsibilities ☐ 1 Yes – Co-parenting responsibilities ☐ 2 Yes – Primary caregiving responsibilities (for adult(s)) ☐ 3 Yes – Shared caregiving responsibilities (for adult(s)) ☐ 4 No ☐ 5 Prefer not to say ☐ 99
Q58a. Did you complete your primary medical degree in Australia or New Zealand? {Q6a}	Yes - Australia ☐ 1 Yes - New Zealand ☐ 2 No - Elsewhere ☐ 3
ASK IF Q58a=3 {Q6a=3} OR IMG Q59b. In which country did you complete your primary medical degree? Please type in and select. {Q6b}	PROGRAMMER NOTE: ADD AUTOCOMPLETE DROP DOWN

THAT IS THE END OF THE SURVEY – THANK YOU

This survey has been conducted by the Medical Board of Australia and Ahpra and will comply with the requirements of the Privacy Act, the Health Practitioner Regulation National Law (the National Law) and Ahpra's Privacy Policy. Should you need to contact Ahpra please call us on 1300 419 495.