This is a copy of the Specialist Non-GP Trainee 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 complete the MTS at this time, click ‘Save & Exit’ to return to your Ahpra portal dashboard. To find your renewal application number, go to the ‘Applications’ tab on your dashboard and select ‘Manage application’.

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}	PGY1 ○ 01 PGY2 ○ 02 PGY3 ○ 03 PGY4 ○ 04 PGY5 ○ 05 PGY6 ○ 06 PGY7 ○ 07 PGY8 ○ 08 PGY9 ○ 09 PGY≥10 ○ 10
Q2. Are you employed: {Q61}	Full time ○ 1 Part time ○ 2 Casually ○ 3 On leave for most of your current rotation **TERMINATE 1** ○ 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.

Q3. Are you in a college training program? {Q3}	Yes ○ 1 No ○ 2

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

Q4. {Q2}	In which state or territory is your current term/rotation/placement primarily based? **Please select one response only.**	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. {Q8a}	Is your current term/rotation/placement predominantly in a hospital?	Yes ○ 1 No ○ 2

ASK IF Q5a=1 {Q8a=1} Q5b. {Q8b}	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.**	**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 clinical settings/workplace, 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}

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

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}

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

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}

Resident Medical Officer / Hospital Medical Officer	○ 2
Principal House Officer	○ 4
Career Medical Officer	○ 6
Registrar	○ 7
Unaccredited Registrar	○ 9
Other	○ 97

Q9a. {Q7}	Which area are you currently practising in? **Please select one response only.**	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 | 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

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

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

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

{Q15}

- Addiction medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 01
- Anaesthesia – Australian and New Zealand College of Anaesthetists (**ANZCA**) ☐ 02
- Dermatology – The Australasian College of Dermatologists **(ACD)** ☐ 03
- Emergency medicine – Australasian College for Emergency Medicine **(ACEM)** ☐ 04
- General practice – Australian College of Rural and Remote Medicine **(ACRRM)** **ASSIGN SGPT** ☐ 05
- General practice – The Royal Australian College of General Practitioners **(RACGP)** **ASSIGN SGPT** ☐ 06
- Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand **(CICM)** ☐ 09
- Medical administration – The Royal Australasian College of Medical Administrators **(RACMA)** ☐ 10
- Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists **(RANZCOG)** ☐ 11
- Occupational and environmental medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 12
- Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists **(RANZCO)** ☐ 13
- Paediatrics and child health – The Royal Australasian College of Physicians **(RACP)** ☐ 14
- Pain medicine – Australian and New Zealand College of Anaesthetists (**ANZCA**) ☐ 15
- Palliative medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 16
- Pathology – The Royal College of Pathologists of Australasia **(RCPA)** ☐ 17
- Physician – The Royal Australasian College of Physicians **(RACP)** ☐ 18
- Psychiatry – The Royal Australian and New Zealand College of Psychiatrists **(RANZCP)** ☐ 19
- Public health medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 20
- Radiation oncology – The Royal Australian and New Zealand College of Radiologists **(RANZCR)** ☐ 21
- Radiology – The Royal Australian and New Zealand College of Radiologists **(RANZCR)** ☐ 22
- Rehabilitation medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 23
- Sexual health medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 24
- Sports and exercise medicine – Australasian College of Sport and Exercise Physicians **(ACSEP)** ☐ 25
- Surgery – Royal Australasian College of Surgeons **(RACS)** ☐ 26
- Surgery – Oral and maxillofacial surgery – Royal Australasian College of Dental Surgeons **(RACDS)** ☐ 27

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

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

Please select one response per row.

	Basic	Advanced
1. Paediatrics and child health – Royal Australasian College of Physicians **(RACP)**	○ 1	○ 2
2. Adult internal medicine – Royal Australasian College of Physicians **(RACP)**	○ 1	○ 2

ASK IF AT LEAST EITHER OF THE BELOW RANZCR TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 21 AND CODE 22]. ONLY SHOW CODE 21 OR CODE 22 AT Q14B IF THEY WERE SELECTED AT Q14.

Q14b. You indicated that you have trained in the following specialist training program(s) at RANZCR. For each, please indicate which phase of training you are in.

Please select one response per row.

	Phase 1	Phase 2	Phase 3
1. Radiation oncology – Royal Australian and New Zealand College of Radiologists **(RANZCR)**	○ 1	○ 2	N/A
2. Radiology – Royal Australian and New Zealand College of Radiologists **(RANZCR)**	○ 1	○ 2	○ 3

ASK IF ANZCA TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 2 AND CODE 15]. ONLY SHOW CODE 2 AND CODE 15 AT Q14C IF THEY WERE SELECTED AT Q14.

Q14c. You indicated that you have trained in the following specialist training program(s) at ANZCA.

[INSERT TRAINING PROGRAMS SELECTED]

What stage of training are you in?

Please select one response only.

Introductory training (IT)	○ 01
Basic training (BT)	○ 02
Advanced training (AT)	○ 03
Provisional Fellowship training (PFT)	○ 04

ASK IF ACEM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 4]. ONLY SHOW CODE 4 AT Q14D IF THEY WERE SELECTED AT Q14. Q14d. You indicated that you have trained in the following specialist training program(s) at ACEM. **[INSERT TRAINING PROGRAMS SELECTED]** What stage of training are you in? **Please select one response only.**	Training Stage 1 (TS1) ○ 01 Training Stage 2 (TS2) ○ 02 Training Stage 3 (TS3) ○ 03 Training Stage 4 (TS4) ○ 04

ASK IF RANZCOG TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 11]. ONLY SHOW CODE 11 AT Q14E IF THEY WERE SELECTED AT Q14. Q14e. You indicated that you have trained in the following specialist training program(s) at RANZCOG. **[INSERT TRAINING PROGRAMS SELECTED]** What type of trainee are you? **Please select one response only.**	Basic trainee ○ 01 Advanced trainee ○ 02

ASK IF RANZCP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 19]. ONLY SHOW CODE 19 AT Q14F IF THEY WERE SELECTED AT Q14. Q14f. You indicated that you have trained in the following specialist training program(s) at RANZCP. **[INSERT TRAINING PROGRAMS SELECTED]** What stage of training are you in? **Please select one response only.**	Stage 1 ○ 01 Stage 2 ○ 02 Stage 3 ○ 03

ASK IF RACS TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 26]. ONLY SHOW CODE 26 AT Q14G IF THEY WERE SELECTED AT Q14.

Q14g. You indicated that you have trained in the following specialist training program(s) at RACS.

[INSERT TRAINING PROGRAMS SELECTED]

What year are you in surgical training?

Please select one response only.

1	○ 01
2	○ 02
3	○ 03
4	○ 04
5	○ 05
6+	○ 06

ASK IF RANZCO TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 13]. ONLY SHOW CODE 13 AT Q14H IF THEY WERE SELECTED AT Q14.

Q14h. You indicated that you have trained in the following specialist training program(s) at RANZCO.

[INSERT TRAINING PROGRAMS SELECTED]

What stage of training are you?

Please select one response only.

Basic training	○ 01
Advanced training	○ 02
Final year training	○ 03

ASK IF ACD TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 3]. ONLY SHOW CODE 3 AT Q14I IF THEY WERE SELECTED AT Q14.

Q14i. You indicated that you have trained in the following specialist training program(s) at ACD.

[INSERT TRAINING PROGRAMS SELECTED]

What year of training are you in?

Please select one response only.

1st year	○ 01
2nd year	○ 02
3rd year	○ 03
4th year	○ 04

ASK IF RACDS TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 27]. ONLY SHOW CODE 27 AT Q14J IF THEY WERE SELECTED AT Q14.

Q14j. You indicated that you have trained in the following specialist training program(s) at RACDS.

[INSERT TRAINING PROGRAMS SELECTED]

What level of training are you in?

Please select one response only.

Foundation level	○ 01
Advanced level	○ 02

ASK IF RACMA TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 10]. ONLY SHOW CODE 10 AT Q14K IF THEY WERE SELECTED AT Q14.

Q14k. You indicated that you have trained in the following specialist training program(s) at RACMA.

[INSERT TRAINING PROGRAMS SELECTED]

What phase of training are you in?

Please select one response only.

Foundation	○ 01
Advanced	○ 02
Not applicable (pre-2025 candidate)	○ 03

ASK IF ACRRM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 5]. ONLY SHOW CODE 5 AT Q14L IF THEY WERE SELECTED AT Q14.

Q14l. You indicated that you have trained in the following specialist training program(s) at ACRRM.

[INSERT TRAINING PROGRAMS SELECTED]

What training stage are you in? (select all that apply)

Core Generalist Training (CGT)	○ 01
Advanced Specialised Training (AST)	○ 02

ASK IF RACGP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 6]. ONLY SHOW CODE 6 AT Q14M IF THEY WERE SELECTED AT Q14. Q14m. You indicated that you have trained in the following specialist training program(s) at RACGP. **[INSERT TRAINING PROGRAMS SELECTED]** Are you in your first term (first 6 months) of training? **Please select one response only.**	Yes ○ 01 No ○ 02

ASK IF CICM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 9]. ONLY SHOW CODE 4 AT Q14N IF THEY WERE SELECTED AT Q14. Q14n. You indicated that you have trained in the following specialist training program(s) at CICM. **[INSERT TRAINING PROGRAMS SELECTED]** What phase of training are you in? **Please select one response only.**	Phase 1 (Pre – first part exam) ○ 01 Phase 2 (Post first part exam, pre-transition year) ○ 02 Phase 3 (The transition year) ○ 03

ASK FOR EACH COLLEGE IN Q14 {Q15X=1} Q15. How many years have you been in the **[INSERT COLLEGE SELECTED]** training program? {Q17}	1 or less ○ 01 2 ○ 02 3 ○ 03 4 ○ 04 5 ○ 05 6 ○ 06 7 ○ 07 8 ○ 08 9 ○ 09 More than 10 ○ 10 Don't know ○ 11

PROGRAMMER NOTE: LOOP THIS SECTION FOR ALL SELECTIONS AT Q14 {Q15} EXCEPT IF 'OTHER'. ENSURE COLLEGES HAVE EQUAL ODDS OF BEING FIRST OR SECOND SELECTION

The following questions relate to **[INSERT COLLEGE FROM Q14].** {Q18b}

Q21. Thinking about your **[INSERT COLLEGE FROM Q14]** {Q18b} training program, to what extent do you agree or disagree with each of the following statements?

{Q19a}

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

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

{Q21a}

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
1. The financial cost of my College training program has led to stress	O 5	O 4	O 3	O 2	O 1	O 99
2. My College provides clear and accessible information about how my fees are spent	O 5	O 4	O 3	O 2	O 1	O 99
3. The cost of my College training program has been a barrier to my progression in the training program	O 5	O 4	O 3	O 2	O 1	O 99

Q22. Thinking about how the **[INSERT COLLEGE FROM Q14]** {Q15} **communicates** with you about your training program, to what extent do you agree or disagree with the following statements?

{Q20a}

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
1. My College clearly communicates the requirements of my training program	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
2. My College clearly communicates with me about changes to my training program and how they affect me	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
3. I know who to contact at the College about my training program	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99

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

{Q24a}

	Yes	No
1. **PIPE [College]**	○ 1	○ 2

ASK IF Q23aX=1 {Q24ax=1}

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

{Q24c}

	Yes	No
1. **PIPE [College]**	○ 1	○ 2

ASK IF Q23bX=1 {Q24cx=1}

Q23c. Did you pass the exam for…?

{Q25a}

	Yes	No	Prefer not to say
1. **PIPE [College]**	○ 1	○ 2	○ 99

ASK IF Q23a=1 {Q23a}

Q24. Thinking about all your **[INSERT COLLEGE FROM Q14]** {Q15} **exam(s)** not just the most recent, to what extent do you agree or disagree with the following statements?

{Q26a}

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

Q25. Thinking about how the **[INSERT COLLEGE FROM Q14]** {Q15} **engages with you**, to what extent do you agree or disagree with the following statements?

{Q27a}

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

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

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? **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. {Q29a}	Yes, a formal orientation ○ 1 Yes, but it was largely informal ○ 2 No **Go to Q28** {Q30} ○ 3
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? **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 **Go to Q32** {Q34} ○ 6

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) 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 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?

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}

- 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}

- 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	O 5	O 4	O 3	O 2	O 1	O 99
2.	Online modules (formal and/or informal)	O 5	O 4	O 3	O 2	O 1	O 99
3.	Teaching in the course of patient care (bedside teaching)	O 5	O 4	O 3	O 2	O 1	O 99
4.	Team or unit based activities **HOVERTEXT** Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	O 5	O 4	O 3	O 2	O 1	O 99
9.	Practice-based audits	O 5	O 4	O 3	O 2	O 1	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings, Primary Health Network meetings	O 5	O 4	O 3	O 2	O 1	O 99
6.	Multidisciplinary meetings	O 5	O 4	O 3	O 2	O 1	O 99
7.	Simulation teaching	O 5	O 4	O 3	O 2	O 1	O 99
8.	Access to mentoring	O 5	O 4	O 3	O 2	O 1	O 99

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

{Q38}

Excellent	O 5
Good	O 4
Average	O 3
Poor	O 2
Terrible	O 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. Bullying, harassment and discrimination by anyone is not tolerated at my workplace	○ 5	○ 4	○ 3	○ 2	○ 1
7. Racism 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 *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.**	☐ 1	☐ 1
6. Sexual harassment *Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where the possibility of that reaction could be reasonably anticipated in the circumstances.*	☐ 6	☐ 6
2. Harassment (excluding sexual harassment) *Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.*	☐ 2	☐ 2
4. Racism *Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.***	☐ 5	☐ 5
3. Discrimination (excluding racism) *Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation.*	☐ 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 **SHOW IF IMG** Expectations of supervisors/peer reviewer	○ 4	○ 3	○ 2	○ 1
7.	Supervisor feedback **SHOW IF IMG** 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 per week have you worked? **HOVERTEXT FOR 'PER WEEK'** This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call {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? *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, 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.

Q51a. Do you intend to continue in your specialty training program? {Q53a}	Yes ○ 1 No ○ 2 Undecided ○ 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 complete my training program to attain Fellowship	○ 5	○ 4	○ 3	○ 2	○ 1
6.	I am concerned about whether I will be able to secure employment on completion of training	○ 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...?

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

{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? *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.* {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.