

Medical Training Survey 2023

Medical Board of Australia and Ahpra





Welcome

THE 2023 MEDICAL TRAINING SURVEY

There is so much to learn from the rich data generated through the Medical Training Survey (MTS). As in past years, the headline results are interesting and important.

With five consecutive years' of MTS results now at our fingertips, we have the opportunity to examine the data closely and find the meaning beneath the surface. In this detail lies the evidence that can inform constructive change.

Organisations across the health sector owe it to current doctors in training, and our future medical workforce, to harness the value of this important data.

Once again, the MTS is proving an invaluable diagnostic tool, signalling what's going well in training and identifying issues to watch and act on. Trends are visible early, enabling close monitoring or swift action by the agencies best placed to respond and effect positive change.

Results this year are again broadly consistent with previous years, with some small but statistically significant variations. There is a lot going well in medical training with clear signs for optimism.

The 2023 MTS results show that the quality of supervision, orientation, education and training and patient safety training has improved. Trainees report that their workload and hours of work have reduced. Fewer trainees are considering leaving the profession. The upticks from last year's results, although small in change, are statistically significant and encouraging.

We also invite caution, given what is statistically significant may not always be practically meaningful with such a large sample size.

Early trends warrant close monitoring that is made possible by public access to the MTS data. It will be interesting to learn over time how much and what parts of trainee experiences relate to the easing of pandemicrelated pressures and what changes are flowing from both specific and systemic improvements.

Disappointingly, the culture of medical training needs ongoing attention. In such a complex system of shared accountabilities and responsibilities, there is no quick fix. The urgent need for ongoing commitment to building a culture of respect in medicine and medical training remains.

It is totally unacceptable that 54% of Aboriginal and Torres Strait Islander trainees experienced and/or witnessed bullying, harassment, discrimination and racism. It is inexcusable that 35% of all trainees did. The longitudinal MTS data makes clear that this area is yet to improve and shows a critical and urgent need for action. There is nuance beneath the headline numbers and variation in the results, across medical disciplines, jurisdictions and health services. Year on year comparisons shine a light on where good things are happening and that specific initiatives are making a difference. It also spotlights areas where focus and action are needed.

Five years of legitimising trainees' experience, through MTS questions about culture and behaviour may in itself be encouraging doctors in training to speak up about these issues. Close longitudinal analysis is key.

There is a well-established link between culture and patient safety. Collaboration between frontline organisations will enable lasting cultural change. Ready public access to rich, longitudinal MTS data creates opportunities for shared learning that can support the cultural transformation our system needs.

The MTS again received strong participation from Aboriginal and Torres Strait Islander trainees with 176 responses. We value the feedback on experience of medical training provided by the Aboriginal and Torres Strait Islander trainees. This important data can support our journey towards providing culturally safe and appropriate medical training, and more broadly, culturally safe healthcare.

New questions on flexible training and working arrangements provide an important baseline to monitor future trends. Trainees report that their specialist colleges generally support (access to) flexible training, but this support is not replicated in the workplace. Nearly one in five considered accessing flexible working arrangements, but, were unable or chose not to access it.

I am grateful to every doctor in training who made it a priority to do the 2023 MTS. More than half Australia's doctors in training - 54.5% of trainees - have shared their insights. Agencies with the power to effect change must listen to what we are being told.



Dr Anne Tonkin AO Chair, Medical Board of Australia



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Acronyms

Acronym	Definition
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine of Australia and New Zealand
GP	General Practitioner
IMG	International medical graduate
MBA/the Board	Medical Board of Australia
MTS	Medical Training Survey
RACDS	Royal Australasian College of Dental Surgeons
RACGP	The Royal Australian College of General Practitioners
RACMA	The Royal Australasian College of Medical Administrators
RACP	The Royal Australasian College of Physicians
RACS	The Royal Australasian College of Surgeons
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
RANZCR	The Royal Australian and New Zealand College of Radiologists
RCPA	The Royal College of Pathologists of Australasia
RVTS	Remote Vocational Training Scheme



Key definitions

Term	Definition	
Setting	The last place or area where the doctor in training has practised or trained for at least two weeks. This would normally be their current setting, workplace, placement or rotation, or might be their previous setting if they have only been practising or training in their current setting for less than two weeks.	
Metropolitan area	Defined in the survey as a capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra.	
Regional area	Defined in the survey as within or less than 15km from a town with a population of at least 15,000 that is not a capital city.	
Rural area	Defined in the survey as more than 15km from the closest town with a population of at least 15,000.	
Training plan	Defined in the survey as a plan developed by the doctor in training and their supervisor for their employer or college. For IMGs, the plan referred to in the survey is the training or professional development plan, developed by the doctor in training and their supervisor or peer reviewer for their employer, college or MBA.	
Intern education program	Organisations that employ interns are required to provide them with a formal education program (such as grand rounds and weekly teaching sessions etc) in addition to work-based teaching and learning.	
Clinical supervisor	The person who provides the doctor in training with day-to-day clinical supervision. For IMGs, this person was referred to in the survey as their clinical supervisor or peer reviewer.	
Bullying, harassment, discrimination and/or racism	These four terms were defined in the survey as: 1. Bullying	
	The <i>Fair Work Amendment Act 2013</i> defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.	
	2. 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.	
	3. Discrimination	
	Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender or sexual orientation.	
	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.	
Hours per week	Defined in the survey as including rostered, unrostered, claimed and unclaimed overtime and recall but not including undisturbed on-call.	
Complete	Defined as answered a question on or after the 75% completion mark for their respective survey version:	



Term	Definition
	Interns - Q46. On average in the past month, how many hours per week have you worked?
	Prevocational and unaccredited trainees - Q45. How would you rate your workload in your setting?
	Specialist non-GP trainees - Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?
	Specialist GP trainees - Q41. Thinking about the workplace environment and culture in your setting, to what extent do you 'agree' or 'disagree'' with the following statements?
	IMGs - Q44. How often do the following adversely affect your wellbeing in your setting?
Partial	Completed at least one question of their survey but did not progress past the 75% completion mark.
National response/ average	The result of all respondents to the survey for a given question in a given year (e.g. 2023). This is shortened to 'Total' in the data tables.
NET	The result of two or more response options combined for a given question.
Total agree	The sum of the proportion of doctors in training providing a 'strongly agree' or 'agree' response.
Total disagree	The sum of the proportion of doctors in training providing a 'strongly disagree' or 'disagree' response.



1. Report summary

The Medical Training Survey (MTS) is a national, profession-wide survey of all doctors in training in Australia. The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) developed the survey, in partnership with stakeholders. The MTS aims to help improve the quality of medical training, by better understanding trainees' experiences.

More than half the doctors in training in Australia took part in the 2023 MTS. This is 23,298 individuals. Of the submitted surveys, 95.9% were eligible for analysis (22,337 surveys). There were five versions of the survey, one each for interns, prevocational and unaccredited trainees, specialist trainees (non-GP and GP), and international medical graduates (IMGs). The results provide a snapshot of the quality of medical training in Australia including the training curriculum, orientation, clinical supervision, access to and quality of teaching sessions, workplace environment and culture as well as future career intentions for doctors in training.

Overall satisfaction

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

- ▶ 80% recommending their current training position to other doctors (versus 7% who wouldn't), and
- ▶ 79% recommending their current workplace as a place to train (versus 7% who wouldn't).

Only a small number of specialist trainees (1%) indicated they did <u>not</u> intend to continue in their specialty training program and 2% of IMGs reported they did <u>not</u> intend to continue on a pathway to general or specialist registration. A similar proportion of interns (3%) and prevocational and unaccredited trainees (2%) reported that they do <u>not</u> intend to become a specialist.

Training curriculum

The experience of training varied between different groups of doctors in training:

- 97% of interns reported having an intern education program. Of these, 83% reported there were opportunities to meet the requirements of the intern education program in their current setting
- 42% of prevocational and unaccredited trainees reported having a training/professional development plan. Of these, 87% reported there were opportunities to meet the requirements of the plan in their current setting, and
- 87% of IMGs reported having a training/professional development plan. Of these, 89% reported there were opportunities to meet the requirements of the plan in their current setting.

Specialist trainees, including non-GP and GP trainees, were asked to rate the training program provided by their college(s) and, where applicable GP trainees, the Remote Vocational Training Scheme (RVTS). There were positive ratings of a number of aspects, including trainees' understanding of what they need to do to meet their training requirements (specialist non-GP trainees: 89%; specialist GP trainees: 88%) and the training programs being relevant to their development (specialist non-GP trainees: 88%; specialist GP trainees: 89%).



Comparatively, access to mental health and wellbeing support received lower ratings. Only half of the specialist trainees agreed that their college had provided access to psychological or mental health support (specialist non-GP trainees: 44%; specialist GP trainees: 56%), with a similar proportion agreeing that there were safe mechanisms for raising training/wellbeing concerns with the college (specialist non-GP trainees: 46%; specialist GP trainees: 65%).

Orientation

Nine in 10 doctors in training (94%) received an orientation, with majority receiving a formal orientation (66%) compared to an informal one (28%). Three in four (75%) trainees rated their orientation as 'excellent' or 'good', with only 4% rating it as 'poor' or 'terrible'.

Assessment in the current setting

At the time of completing the survey, over two-thirds of trainees (excluding interns) had had their performance assessed in their setting (69%) with one in seven (15%) trainees scheduled to be assessed. There were notable differences between the cohorts as to whether they had received an assessment. For example, results showed prevocational and unaccredited trainees were less likely to have received an assessment compared to IMGs (53% of prevocational and unaccredited trainees received an assessment compared to 84% of IMGs).

Exams

Two in five (40%) specialist trainees indicated they had sat their college exams at the time the survey was conducted (August-early October 2023).

Among those who had sat an exam, seven in ten agreed the information the college provided about the exam(s) was accurate and appropriate (71%), three in four agreed that the exam(s) was conducted fairly (76%) and four in five agreed that the exam(s) ran smoothly on the day (84%). However, there was a higher level of dissatisfaction with the utility and speed of exam feedback, with two in five disagreeing/strongly disagreeing that the feedback was useful (40%) or timely (35%).

Clinical supervision

Almost all doctors in training (98%) had a clinical supervisor. Specialists (including specialist GPs) largely shouldered the responsibility for the day-to-day supervision of doctors in training (75%), with registrars (20%) the second most likely to supervise trainees. Nearly nine in 10 (87%) doctors in training rated their clinical supervision as 'excellent' or 'good', with just 2% rating it as 'poor' or 'terrible'.

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

Access to teaching and opportunities for development

Teaching sessions were rated as 'excellent' or 'very good' by 83% of doctors in training, with only 3% rating them as 'poor' or 'terrible'. Three in four trainees agreed that their employer supports them attending formal and informal teaching sessions (77%). However, there was a lower level of agreement that trainees had access to protected study time/leave (67%) or were able to participate in research activities (56%).

More prevocational and unaccredited trainees (55%) reported having to compete with other doctors to access teaching and opportunities for development, compared to other doctors in training such as specialist GP trainees (33%) and interns (37%).



Nearly all doctors in training had sufficient opportunities to progress their skills in communication (97%), clinical skills (96%), theoretical knowledge (91%), ethics (90%), and cultural safety (90%). However, only two-thirds felt as though they had the opportunity to develop skills and knowledge in research (66%).

Nine in ten agreed teaching in the course of patient care (bedside teaching) was a useful educational activity in their development as a doctor (89%). There was a lower level of agreement that online modules were a useful educational activity, with just over six in ten agreeing they had been useful (63%).

For six in ten (62%) doctors in training, their day-to-day job responsibilities 'rarely' or 'never' prevented them from meeting their training requirements. However, the remaining four in ten (38%) trainees reported that their job inhibits their training requirements sometimes/often.

Facilities

The quality of facilities available for training in settings, was reported as 'excellent' or 'good' for internet reliability (77%), educational resources (74%), teaching spaces (67%) and working spaces (64%).

Workplace environment and culture

Two thirds (64%) of doctors in training reported working more than 40 hours on average per week, including one in 10 (9%) who worked more than 60 hours on average per week.

Half of all doctors in training (48%) rated their workload as 'heavy' or 'very heavy'. In addition, one in five (22%) indicated that working unrostered overtime 'always' or 'most of the time' had a negative impact on their training. Payment for unrostered overtime occurred at least 'most of the time' for 68% of survey respondents.

Aspects of the workplace that caused adverse impacts to trainee wellbeing 'always' or 'most of the time' included the amount of work expected (25%), having to relocate for work (24%), having to work unpaid overtime (19%), dealing with patient expectations (20%) and a lack of appreciation (19%).

Four in five doctors in training (81%) knew how to access support for their health (including for stress and or other psychological distress). Similarly, four in five respondents (79%) indicated that their workplace supported staff wellbeing.

In the 12 months before completing the survey, one in three doctors in training (35%) reported they had either experienced and/or witnessed bullying, harassment, discrimination and/or racism in their workplace. This equates to 22% experiencing and 30% witnessing this behaviour. This was higher for Aboriginal and/or Torres Strait Islander trainees, with one in two (54%) reporting they had experienced and/or witnessed bullying, harassment, discrimination and/or racism. The most common type of behaviour experienced or witnessed was bullying (experienced: 12%, witnessed: 18%). Of those who experienced or witnessed bullying, harassment, discrimination and/or racism, the most common source was senior medical staff (e.g. consultants, specialists) (experienced: 45%, witnessed: 47%). Patients and/or family members/carers (experienced: 40%, witnessed: 44%) and nurses and midwives (experienced: 33%, witnessed 38%) were also reported as a source of bullying.

Of those who had <u>experienced</u> bullying, harassment, discrimination and/or racism and had indicated that the person responsible was a staff member or colleague, half (53%) reported that the person was in their team. With 42% indicating that this person(s) was their supervisor.

One in three (32%) doctors in training who had <u>experienced</u> bullying, harassment, discrimination and/or racism reported it. Half of these (49%) were aware the report had been followed up and two thirds (62%) were satisfied with how the report was followed up. This compares to one in four (25%) doctors in training who <u>witnessed</u> bullying, harassment, discrimination and/or racism reporting the incident, of



which two in five (42%) were aware that the report had been followed up. Three in four (72%) respondents in this group were satisfied with how the report was followed up.

Of those who had <u>experienced</u> bullying, harassment, discrimination and/or racism and did not report the incident, there was often a concern about repercussions (54%) and feeling that nothing would be done if it was reported (47%).

Seven in ten (71%) doctors in training who had <u>experienced</u> bullying, harassment, discrimination and/or racism indicated that the incident had adversely impact their medical training. Four in ten (37%) rated this impact as moderate/major.

Over four in five of doctors in training (84%) reported knowing how to raise concerns about such behaviour, three in four (77%) reported they had the confidence to do so and four in five (80%) said that bullying, harassment, discrimination and/or racism was not tolerated in their setting.

Patient safety

Nine in ten doctors in training (91%) knew how to report concerns about patient care and safety and a similar proportion felt confident to do so (90%). Eight in ten reported that the culture in their current setting involved proactively dealing with such concerns (85%) and they had received training in their setting on how to provide culturally safe care (81%). A similar proportion (83%) of doctors in training rated training on how to raise concerns about patient safety as 'excellent' or 'very good'.

Future career intentions

Doctors in training gave mixed ratings about their feelings towards being able to meet their pathway or training program requirements or secure a place in a specialist college training program, with 45% disagreeing they were concerned about successful completion or attaining a place versus 35% who agreed they were concerned. Similarly, respondents provided mixed ratings about their feelings towards securing employment post completion of their training or pathway with two in five (39%) disagreeing they are concerned with two in five (40%) who agreed they are.

Future career intentions saw three in four (77%) doctors in training indicating an interest in getting involved in medical teaching. One in two (51%) doctors in training indicating an interest in medical research and a similar proportion indicating an interest in Aboriginal and Torres Strait Islander healthcare (50%) and rural practice (46%). One in five (19%) doctors in training agreed they are considering a future outside medicine.



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

Consistent with previous years, the 2023 MTS results represent feedback from a wide cross-section of the different groups of doctors in training. The overall results have been analysed by cohort, jurisdiction and college with separate reports available for each of these. By providing a national snapshot of the 2023 training experience, areas of relative strength and weakness can be identified as opportunities for both improvement and knowledge sharing.

An example of the extent of variation in results between groups of trainees is for the question whether trainees would recommend their current workplace as a place to train. The national response was 79% would recommend their current workplace, and this varied from:

- ▶ 77% to 84% by doctor in training cohort
- 73% to 81% by jurisdiction
- ▶ 61% to 84% by college.

Results for 2023 are broadly consistent with the 2022, 2021, 2020 and 2019 results, however, there are some differences of note including the range of scores narrowing within cohort, jurisdiction and college subgroups.

Comparisons of 2019, 2020, 2021, 2022 and 2023 data are available at <u>https://medicaltrainingsurvey.gov.au/Results/Create-your-own-report</u>.

Looking forward to the 2024 MTS

There was a very positive response rate for the survey in its fifth year. The Board and Ahpra look forward to continuing to work with doctors in training and other stakeholders involved in developing and delivering medical training, to ensure the 2024 MTS continues to capture useful data and build on the insights of the previous years' results.



2. Medical Training Survey: objectives and guiding principles

This section presents an overview of the Medical Training Survey (MTS), as well as the objectives and underlying principles that guided its development and implementation.

2.1 Overview of the need for a national survey

The MTS is a national survey of doctors in training, implemented by the Board and Ahpra. It was developed in partnership with stakeholders. The MTS was designed to support quality improvement in medical training.

The MTS has clear objectives and guiding principles. It is conducted annually from August to early October, in line with the registration renewal cycle for most doctors. All doctors in training (interns, prevocational and unaccredited trainees, specialist non-GP and GP trainees and IMGs) are invited to participate in the MTS. Survey results provide a single, national snapshot of the quality of medical training in Australia.

To ensure confidentiality, data from the MTS are published in a de-identified and aggregated format. The results can be accessed in a series of reports and via an interactive data dashboard (hosted on the <u>MedicalTrainingSurvey.gov.au</u> website). The interactive data dashboard enables users to compare sites, specialties and states/territories with national results and to create tailored reports.

2.2 Objectives and guiding principles of the MTS

The MTS's objectives and guiding principles shaped the development of the survey tool and data collection processes.

The overall objectives of the MTS are to:

Objective 1	Better understand the quality of medical training in Australia
Objective 2	 Identify how best to improve medical training in Australia
Objective 3	Recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

The seven guiding principles for the MTS are:

1. Quality improvement	The MTS is a quality improvement tool, to strengthen medical training in Australia.
2. Safe and confidential	Medical trainees and supervisors can safely and confidentially participate in the MTS. Participants' data will be de-identified in any reporting of results, and only de-identified data will be provided to the Board and Ahpra.
3. Focused on training	The core focus of the MTS is on post-graduate medical training.



4. Reflection and feedback	The MTS encourages participants to reflect on their medical training and teaching and provide feedback safely to support continuous improvement. Reflective practice is a cornerstone of good medical practice and of the Professional Performance Framework.
5. Access	The MTS will be relevant to medical training and not onerous to complete. It will be accessible online and easy to use, to encourage participation.
6. Reporting and using results	The results of the MTS will be published in the interests of transparency. Specialty and jurisdiction-specific reports from MTS data will be generated as far as possible while assuring participant confidentiality. Stakeholders will apply survey results to improve medical training.
7. Participation	The annual MTS will evolve, initially seeking feedback from doctors in training. It aims to reduce the need for other surveys about the same issues.



3. Interpreting this report

3.1 Sample size and representation

More than half the doctors in training (n=23,298 or 54.5%) invited to participate in the MTS responded to the survey. 95.9% (n=22,337) of surveys were eligible for analysis (i.e. survey participants currently training in Australia). As has been the case in previous years, there have been no other data sources nationally of doctors in training with which to compare the profile of survey participants. As a result, it was not possible to compare the survey population with a known, target population. However, demographics of MTS respondents reflect the broader Australian population for location and gender, suggesting survey responses have captured a representative view of doctors in training across Australia (see Appendix A1 for the detailed participant profile).

In total, n=19,088 completed the MTS (at least 75% of the survey), giving a maximum margin of error ± 0.7 percentage points at a 95% confidence level for questions asked of all doctors in training. This means that if a survey result is 50%, we can be sure that if we repeat the survey multiple times, 95% of these times the survey result will be between 50.7% and 49.3%, thus the survey has a statistically reliable sample.

All doctors in training registered in Australia were invited to participate in the survey. For those renewing their registration online in August and September, a unique survey link was generated and provided to the participant at the end of the registration process. For interns and IMGs (provisional or limited registration), an email invitation from the Board and Ahpra was sent containing a unique survey link. The survey was promoted through multiple channels, including on social media, in newsletters emailed to registered medical practitioners, and reminders to complete the survey sent to doctors in training via email and SMS.

Post-stratification weighting is a common method used to reduce potential non-response bias. As the accurate characteristics of each stratum are not known, post-stratification weighting has not been used in this report.

Symbols: Care should be taken in interpreting the data across subgroups where sample sizes are small:

- indicates a sample size less than 30 caution should be used when interpreting the result
- ^ indicates a sample size less than 10 responses have been supressed to protect confidentiality



3.2 Statistics

- Base size: Throughout this report, the base size is reported as the number enclosed in brackets, following an n and equals sign: (n=). The base size refers to the number of survey responses in the denominator of the survey question or result displayed. Respondents who did not answer a particular question or who indicated 'does not apply' or 'not applicable', are excluded from the calculation of statistics and tabulation of results for that question. The base is also noted for each question, that is, the sample group in which the question was asked.
- Average: An average, or mean, is calculated by dividing the sum of the response values by the base size. 'Don't know' and 'prefer not to say' values are excluded from average calculations. This number is reported to one decimal place.
- National response: The national response is the number of responses for a question divided by the number of participants in that sample.
- Standard deviation: A standard deviation is the amount of variation in the values and has been provided in this report where a question was asked on a 1 to 5 scale. A low value for standard deviation, such as 1 or less, indicates that responses tend to be close to the average value. Whereas a high value, such as more than 1, indicates the response values are spread across the full scale.
- Percentage: A percentage is the ratio or fraction of the response, divided by the base size. In this report, where percentages are used, a % sign is used and the value is rounded to the nearest whole number.
- Rounding: Data percentages displayed throughout the report are rounded to the nearest whole number. As such, not all percentages stated will add to 100%.

3.3 Tests for statistical significance

Tests for statistical significance have been conducted within sub-groups. These tests have been undertaken at the 95% confidence level. This means that if there is a statistically significant difference between the results for answers within a subgroup, we can be 95% confident that the difference has not occurred by chance and that it reflects a genuine difference in the population.

Symbols: to help with the interpretation of charts and tables, the following have been included:

- indicates that a result is significantly higher (at the 95% confidence level) compared with the total of all other subgroups combined.
- ↓ indicates that a result is significantly lower (at the 95% confidence level) compared with the total of all other subgroups combined.



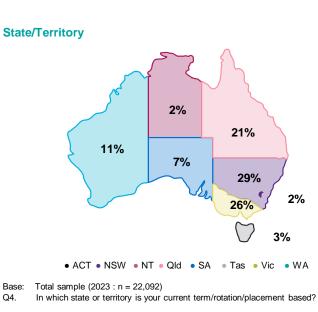
Detailed findings



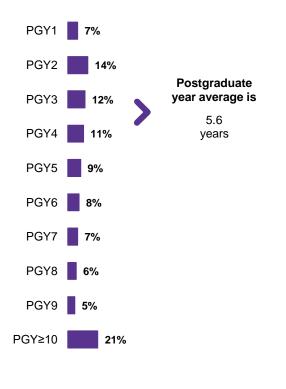
4. Detailed findings

4.1 Profile of doctors in training

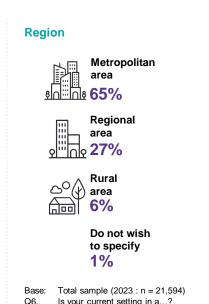
TRAINING SETTING



POSTGRADUATE YEAR

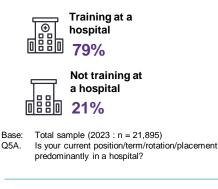


Total sample (2023: n = 21,944) Base: Q1. What is your postgraduate year?

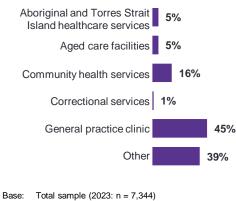


Is your current setting in a ...?

Facility



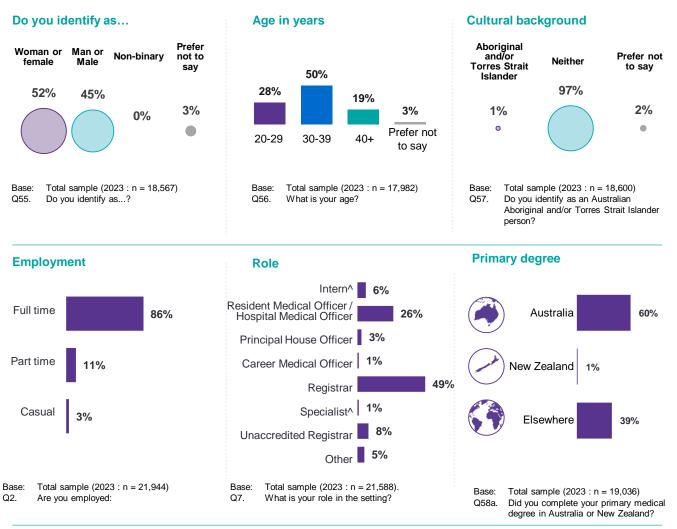
Additional settings worked in



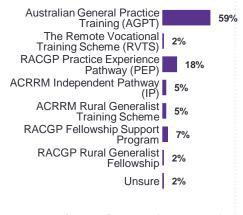
Select any additional settings you work in / Q5c. Which settings do you work in?

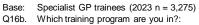


DEMOGRAPHICS

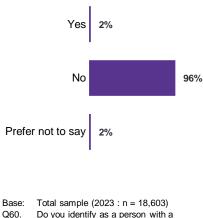


Pathway (Specialist GP trainees)



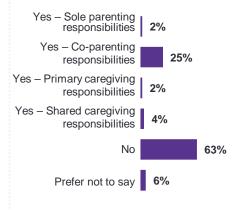


Do you identify as a person with a disability...



Do you identify as a person with a disability?

Caring responsibilities



Base[.] Total sample (2023 : n = 18,586) Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others?



CURRENT ROTATION / TERM / POSITION

Anaesthesia 5%	
Emergency medicine	0/_
Paediatric emergency medicine 1%	/0
General practice	6
Intensive care medicine	
Obstetrics and gynaecology 5%	
Ophthalmology 1%	
Paediatrics and child health (inc. specialties) 6%	
General paediatrics 3%	
Neonatal and perinatal medicine 1%	
Palliative medicine 1%	
Pathology 1%	
Anatomical pathology (including cytopathology)	
Haematology 1%	
Physician Adult medicine (inc. specialties)	%
General medicine 6%	
Cardiology 1%	
Gastroenterology and hepatology 1%	
Geriatric medicine 2%	
Haematology 1%	
Medical oncology 1%	
Nephrology 1%	
Neurology 1%	
Respiratory and sleep medicine 1%	
Psychiatry 7%	
Radiology 1%	
Diagnostic radiology 1%	
Rehabilitation medicine 1%	
Surgery 12%	
General surgery 4%	
Orthopaedic surgery 3% Cardio-thoracic surgery 1%	
Cardio-thoracic surgery 1% Neurosurgery 1%	
Otolaryngology – head and neck surgery 1%	
Plastic surgery 1%	
Urology 1%	
Other 5%	
Prefer not to say 1%	

Base: Total sample (n=21,443). Specialties in **bold**, subspecialties in *italics*.

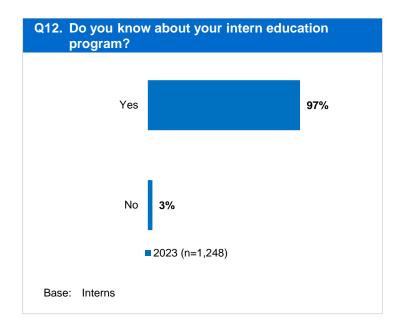
Note: Codes receiving <1% of responses not shown, including **specialties**: Addiction medicine, Dermatology, Medical administration, Occupational and environmental medicine, Public health medicine, Radiation oncology, Sexual health medicine; *subspecialties*: Chemical pathology, Clinical genetics, Clinical pharmacology, Community child health, Diagnostic ultrasound, Endocrinology, Forensic pathology, General pathology, Gynaecological oncology, Infectious diseases, Immunology, Immunology and allergy, Maternal–fetal medicine, Microbiology, Nuclear medicine, Obstetrics and gynaecological ultrasound, Oral and maxillofacial surgery, Paediatric cardiology, Paediatric clinical genetics, Paediatric endocrinology, Paediatric gastroenterology and hepatology, Paediatric hematology, Paediatric medicine, Paediatric medicine, Paediatric neophrology, Paediatric neurology, Paediatric nuclear medicine, Paediatric intensive care medicine, Reproductive endocrinology and infertility, Rheumatology, Paediatric respiratory and sleep medicine, Urogynaecology, Vascular surgery.

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

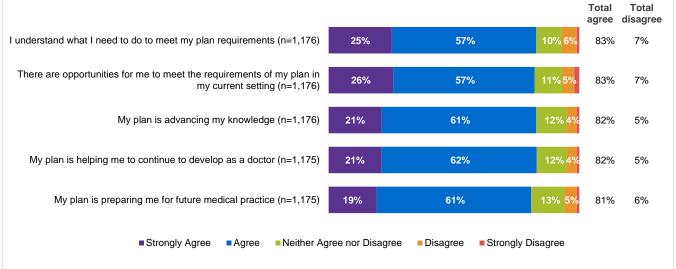


4.2 Training curriculum

4.2.1 Interns

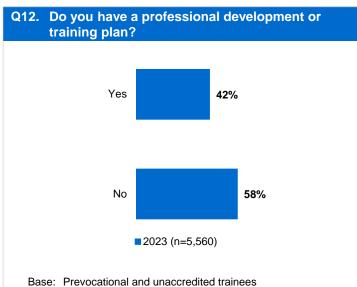


Q13. Thinking about your intern education program, to what extent do you agree or disagree with the following statements?

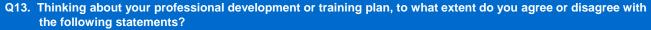


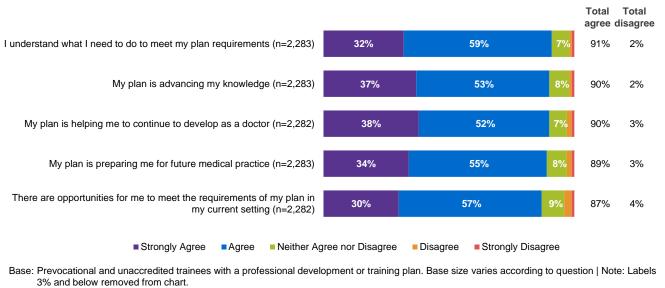
Base: Interns with an intern education program. Base size varies according to question | Note: Labels 3% and below removed from chart





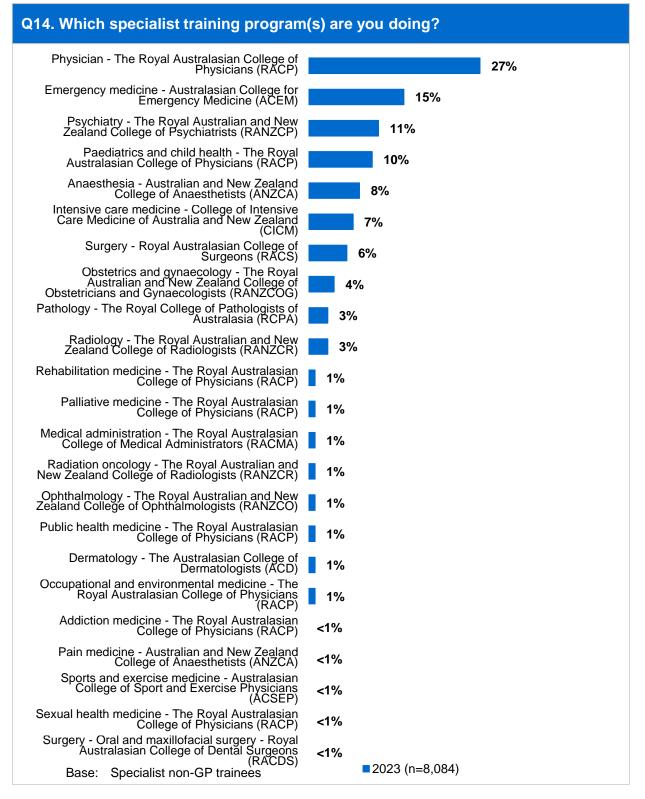
4.2.2 Prevocational and unaccredited trainees





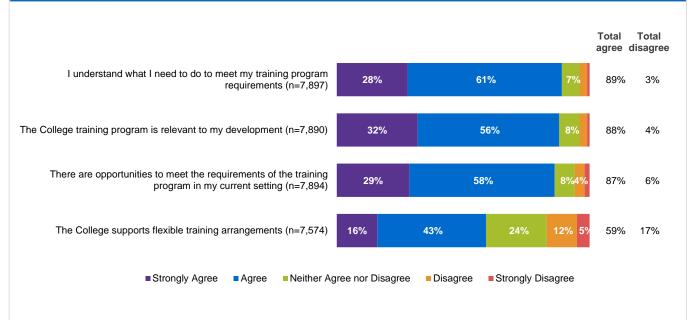


4.2.3 Specialist non-GP trainees

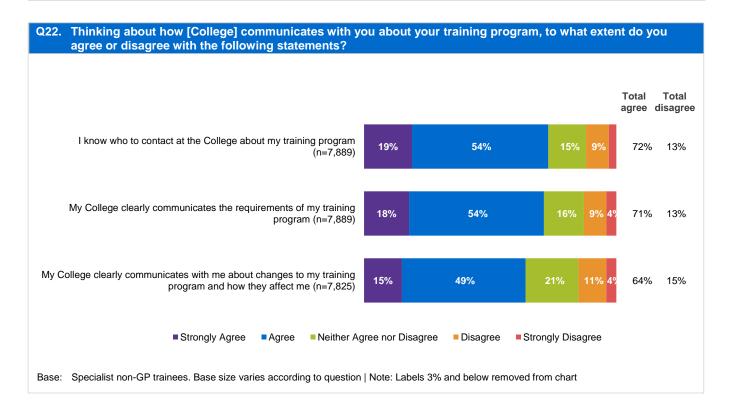




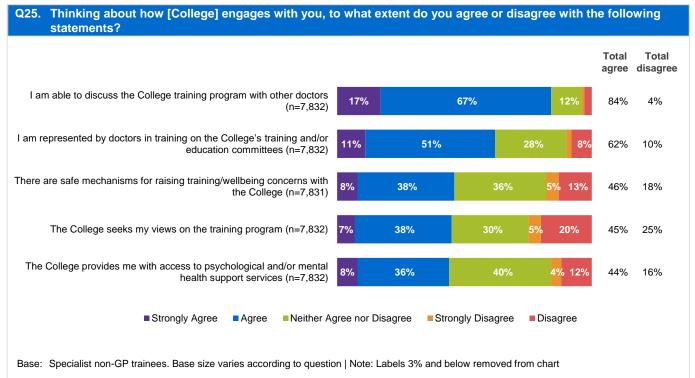
Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?



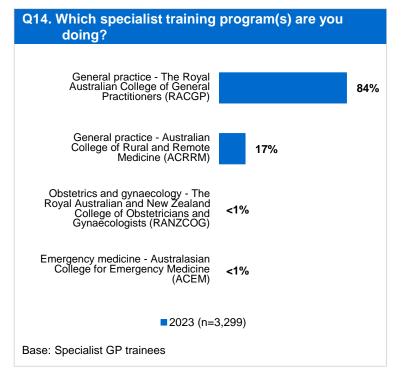
Base: Specialist non-GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart





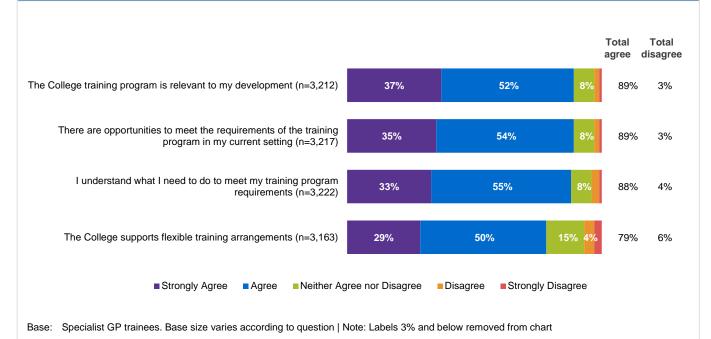


4.2.4 Specialist GP trainees

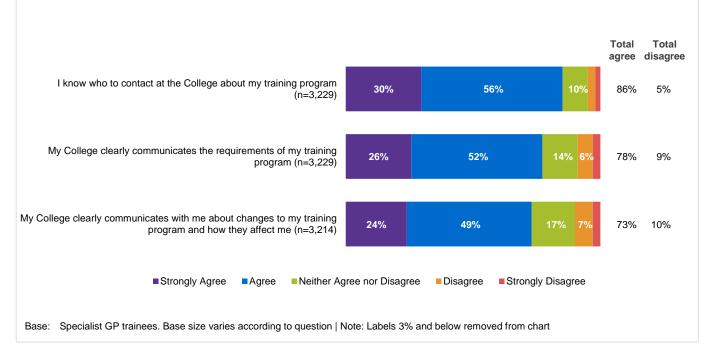




Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?

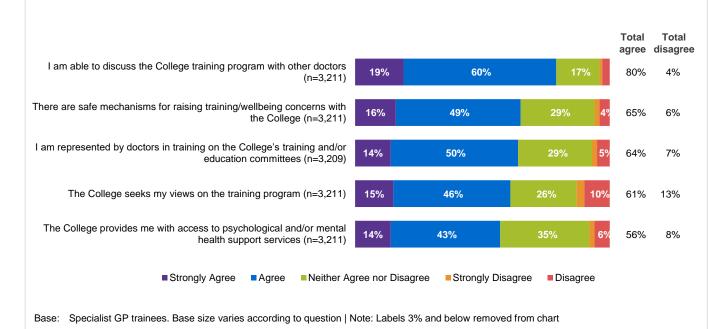




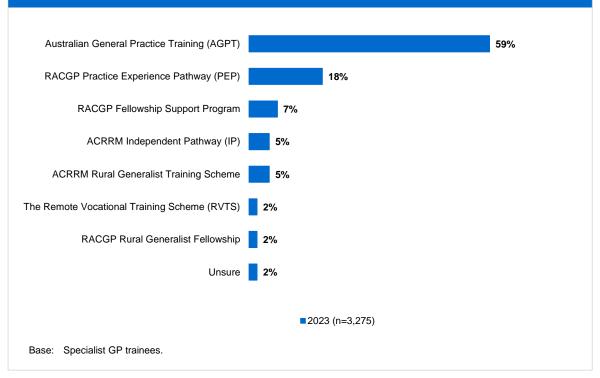




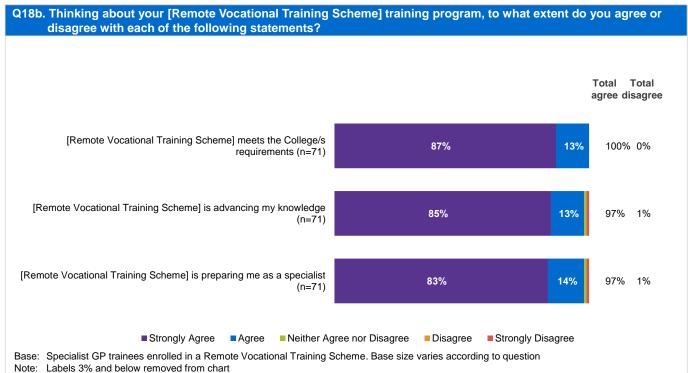
Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?



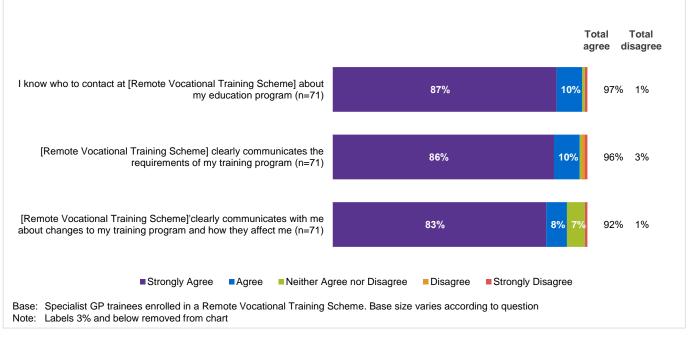
Q16b. Which training program are you in?



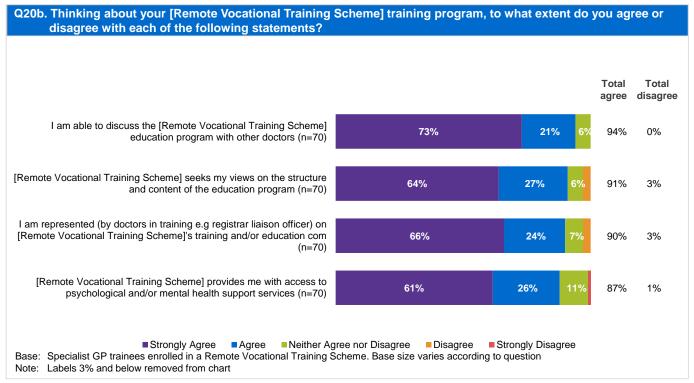




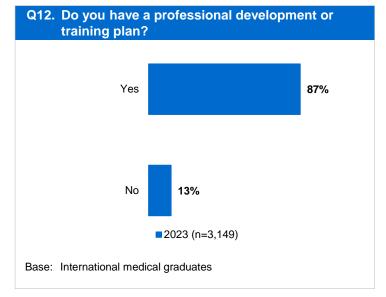






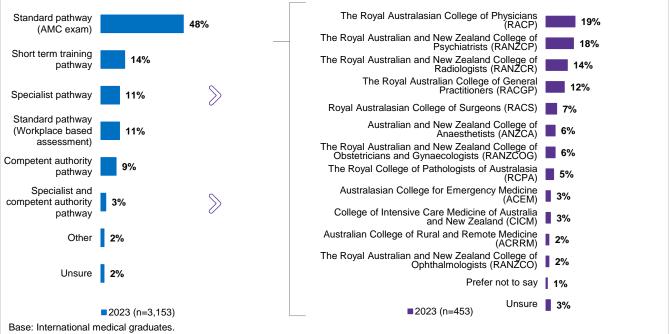


4.2.5 International medical graduates (IMGs)



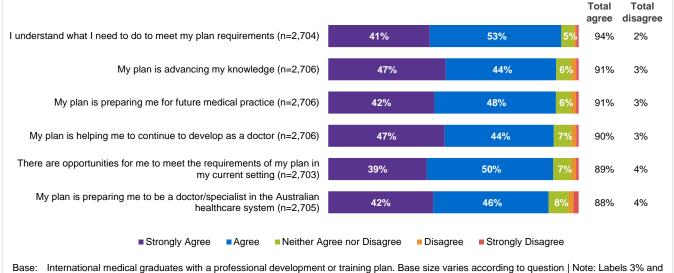


Q11a. Which pathway are you in? Q11b. Which college(s) did your specialist pathway assessment?



Base: International medical graduates who selected 'Specialist pathway' or 'Specialist and competent authority pathway' in Q11a. Prefer not to say, responses <1% not shown.

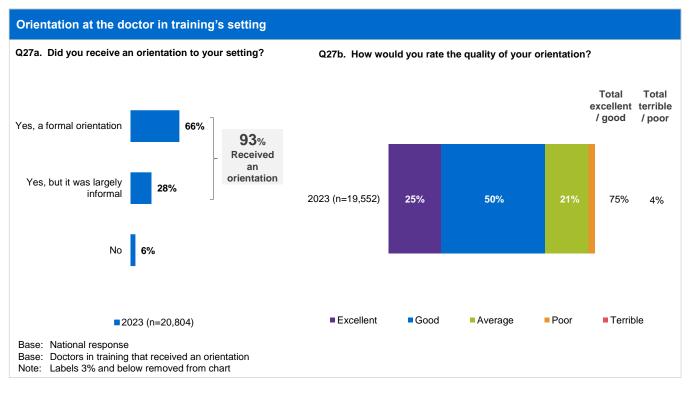
Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?



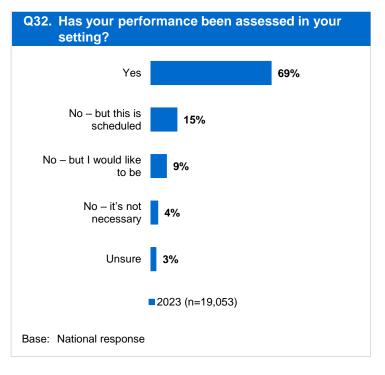
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4.3 Orientation

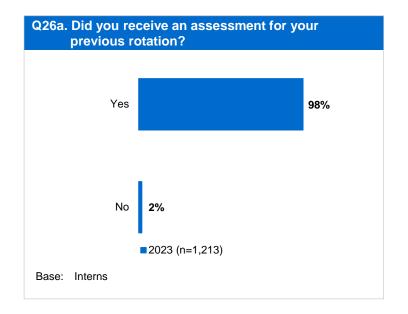


4.4 Assessment

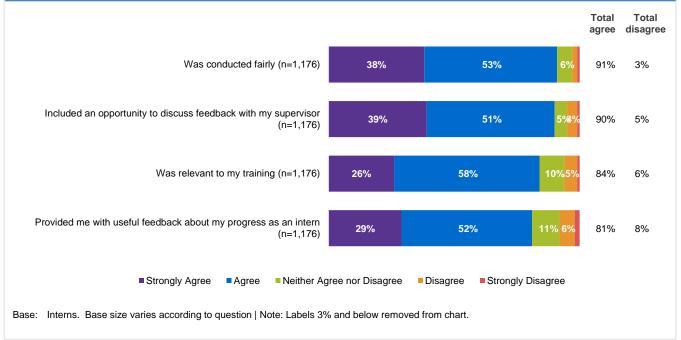




4.4.1 Interns



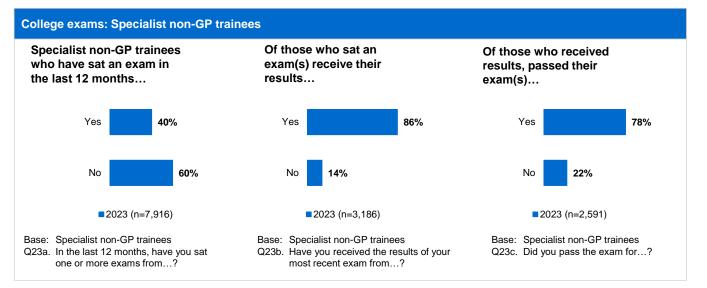
Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation...





4.4.2 Specialist trainees – exams

4.4.2.1 Specialist non-GP trainees



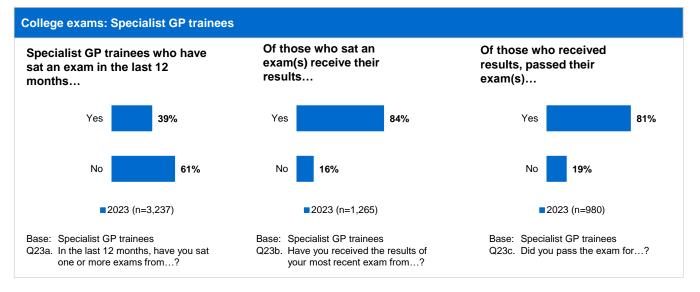
Q24. Thinking about all your [College] exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?

while the renewing statements .							
						Total agree	Total disagree
The exam(s) ran smoothly on the day (n=3,151)	24%		60%		<mark>7%</mark> 6%	84%	9%
The exam(s) were conducted fairly (n=3,151)	18%		55%	15	<mark>% 8%</mark> 4%	73%	12%
The information the College provided about the exam(s) was accurate and appropriate (n=3,157)	14%	55	%	15%	11% 5%	69%	16%
The exam(s) reflected the College training curriculum (n=3,151)	12%	50%		16%	14% 7%	62%	22%
The feedback is timely (n=2,796)	8%	34%	22%	20%	15%	42%	35%
I received support from my College when needed (n=2,614)	8%	32%	36%	1:	3% 10%	40%	23%
I received useful feedback about my performance in the exam(s) (n=2,845)	7%	28%	22%	23%	20%	35%	43%
■ Strongly Agree ■ Agree ■ Neither A	gree nor Di	sagree 🗖 Dis	sagree 📕	Strongly Dis	sagree		
Page - Specialist per CD trainage Page size veries apporting to quest							

Base: Specialist non-GP trainees. Base size varies according to question



4.4.2.2 Specialist GP trainees

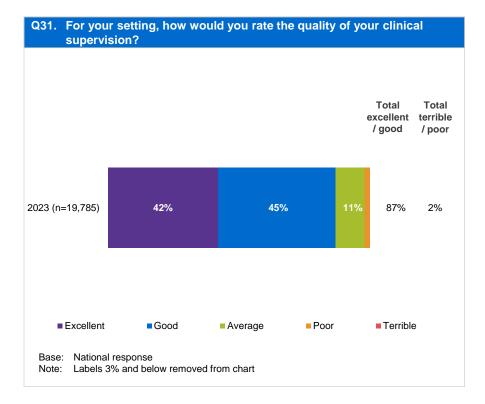


					Total agree	Total disagre
26%		59%		10% <mark>4%</mark>	85%	5%
24%		58%		12%	82%	5%
21%	5	5%	179	% <mark>6%</mark>	75%	8%
18%	53	%	16%	9%	71%	13%
18%	47%		24%	<mark>7%</mark> 4%	66%	10%
13%	33%	21%	18%	15%	46%	33%
13%	31%	24%	19%	13%	45%	32%
gree nor Disag	gree 🗧 Disa	gree ■Str	ongly Disa	agree		
	24% 21% 18% 18% 13%	24% 5 21% 55 18% 53 18% 47% 13% 33%	24% 58% 21% 55% 18% 53% 18% 47% 13% 33% 21% 13% 31% 24%	24% 58% 21% 55% 18% 53% 18% 47% 13% 33% 21% 18%	24% 58% 12% 21% 55% 17% 6% 18% 53% 16% 9% 18% 47% 24% 7%49 13% 33% 21% 18% 15% 13% 31% 24% 19% 13%	24% 58% 12% 82% 21% 55% 17% 6% 75% 18% 53% 16% 9% 71% 18% 47?√ 24% 7%4? 66% 13% 33% 21% 18% 15% 46% 13% 31% 24% 19% 13% 45%

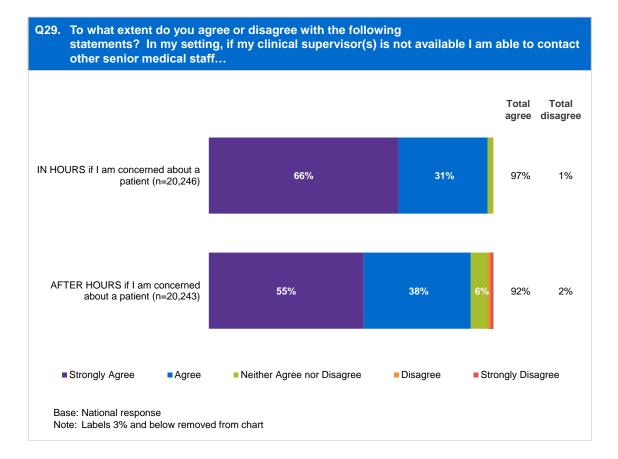


4.5 Clinical supervision

Q28. In your setting, who mainly provides your day- to-day clinical supervision?						
Specialist (including specialist GP)		75%	98 %			
Registrar Other doctor	20%	-	Had a clinical supervisor/ peer			
Nurse	•		reviewer			
Other	1%					
I don't have a clinical supervisor/peer reviewer	2%					
■2	023 (n=20,750)					
Base: National response						



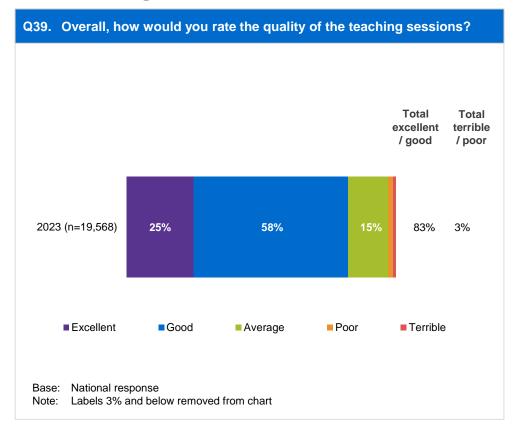


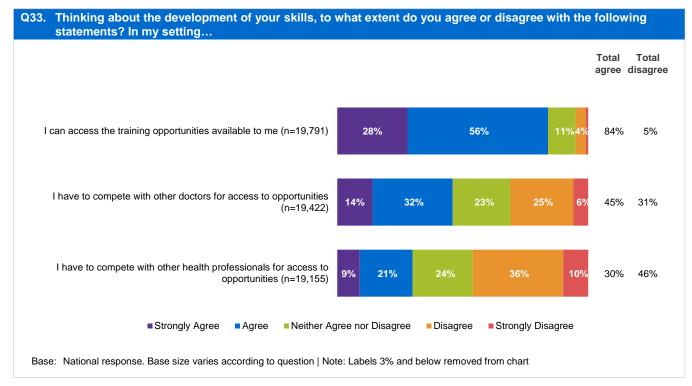


Q30. In your setting, how would you rate the quality of your overall clinical supervision for						
Helpfulness (n=19,613)	Average out of 5 (1=very poor - 5=very good) 4.4	Total four Total one + five stars + two stars 88% 3%				
Accessibility (n=19,606)	4.4	87% 3%				
Ensuring your work is appropriate to your level of training (n=19,550)	4.1	80% 6%				
Including opportunities to develop your skills (n=19,558)	4.1	77% 8%				
Supporting you to meet your training plan/pathway requirements (n=19,282)	4.0	73% 10%				
Usefulness of feedback (n=19,289)	4.0	73% 8%				
Completing workplace based assessments (n=17,944)	4.0	73% 9%				
Regular, INFORMAL feedback (n=19,485)	3.9	71% 10%				
Discussions about my goals and learning objectives (n=19,379)	3.8	67% 12%				
Regular, FORMAL feedback (n=19,282)	3.7	63% 14%				
	* Average					
Base: National response Note: The question marked with a ^ was shown to interns as "Supporting you to meet your intern education program requirements".						



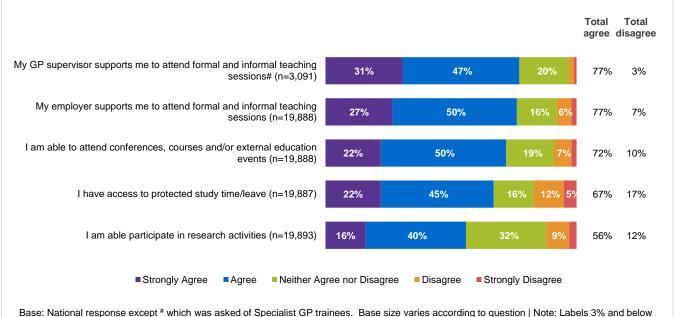
4.6 Access to teaching





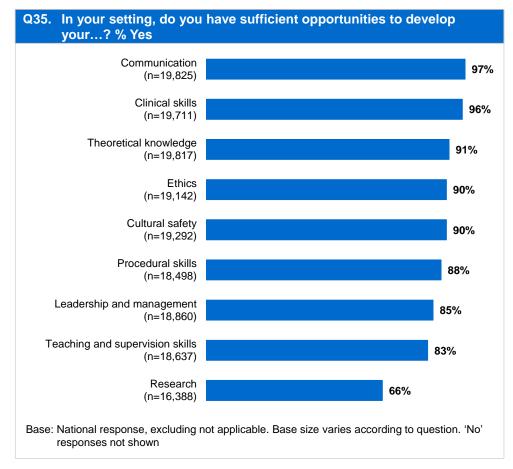


Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

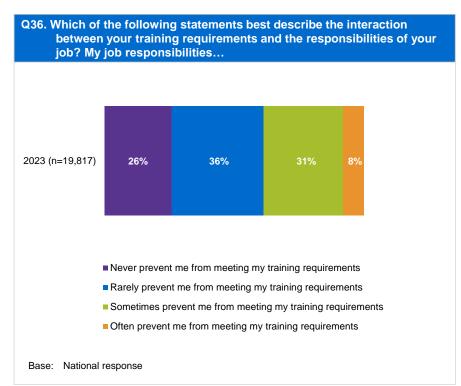


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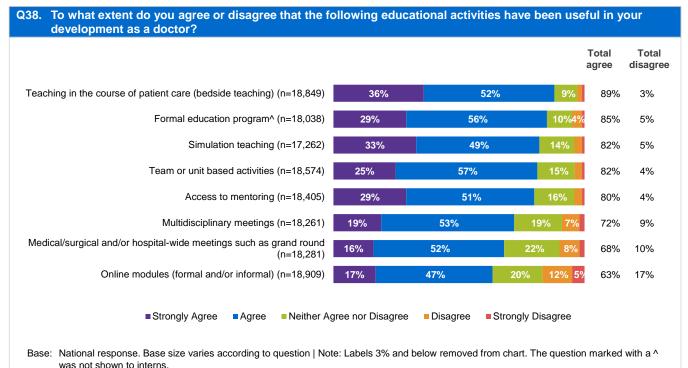
4.6.1 Opportunities for development







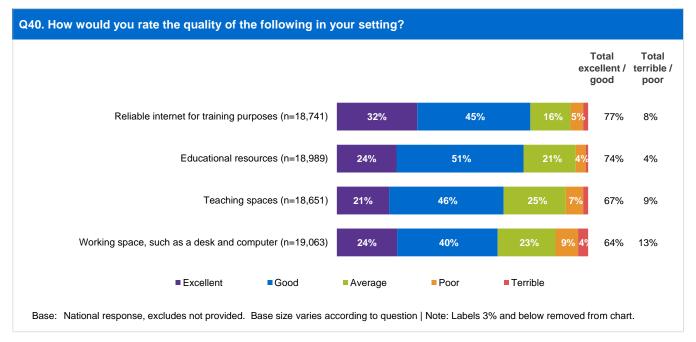
4.6.2 Educational opportunities usefulness



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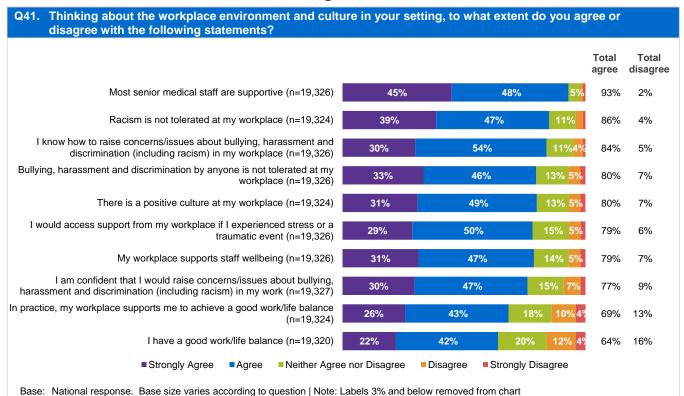
4.7 Facilities



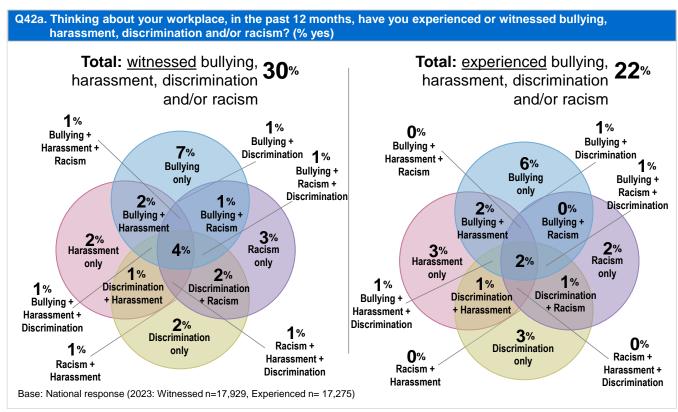


4.8 Workplace environment and culture

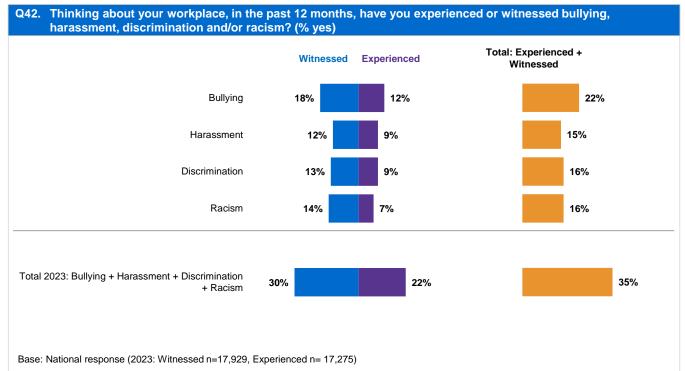
4.8.1 Culture within the trainee's setting



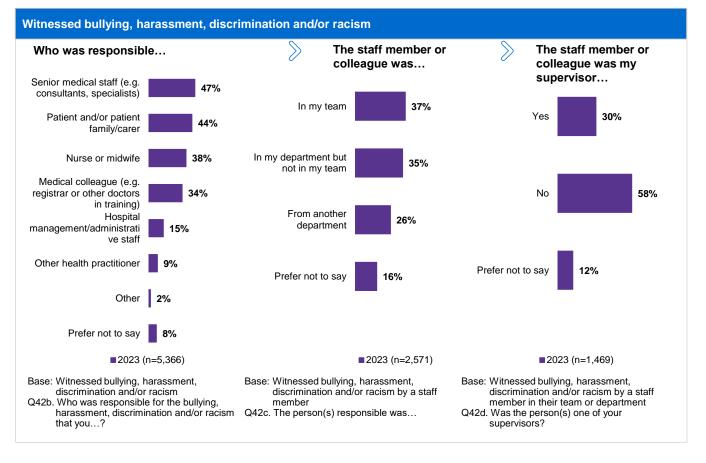
4.8.2 Experienced/witnessed bullying, harassment, discrimination and/or racism



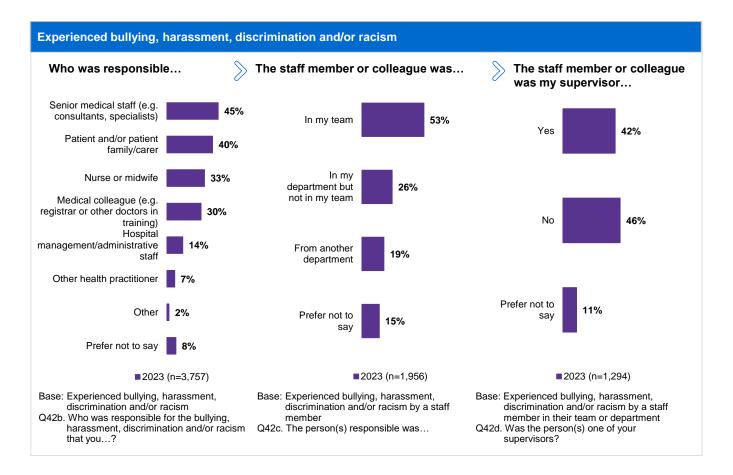




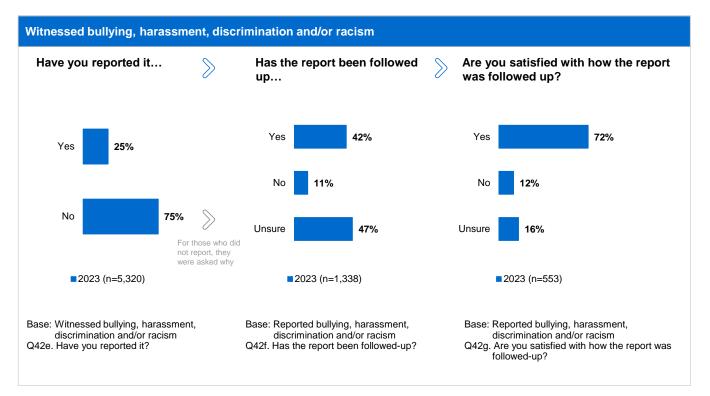
4.8.3 Source of bullying, harassment, discrimination and/or racism





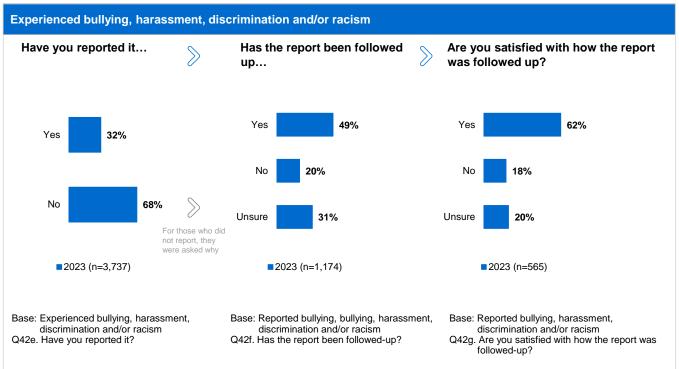


4.8.4 Reporting bullying, harassment, discrimination and/or racism

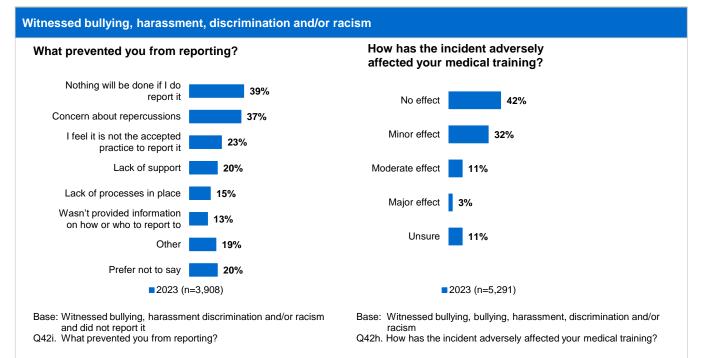


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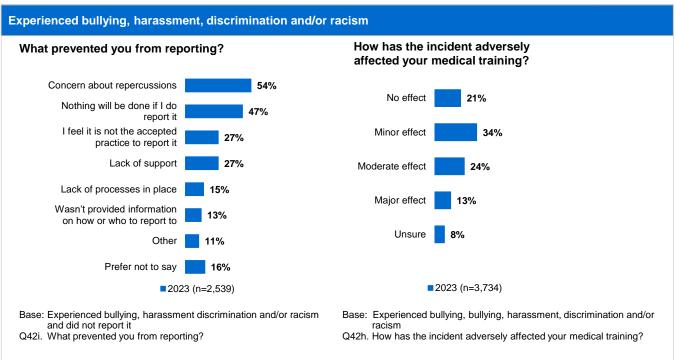




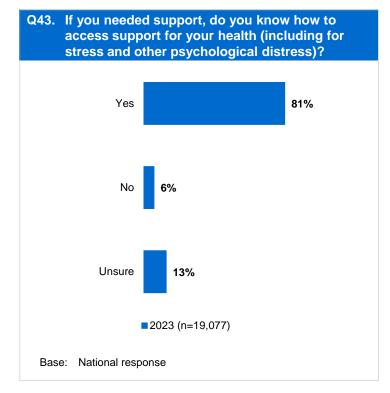
4.8.5 Impact of bullying, harassment, discrimination and/or racism







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





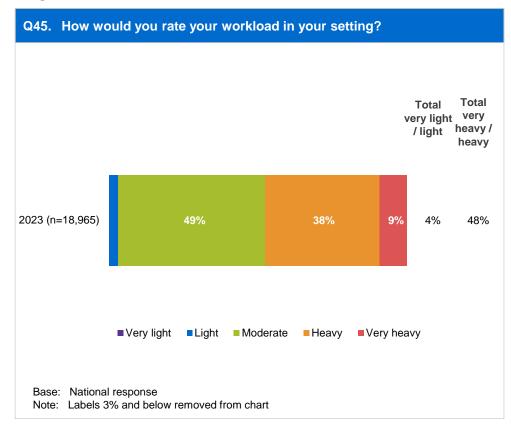
4.8.7 Frequency of impacts on wellbeing

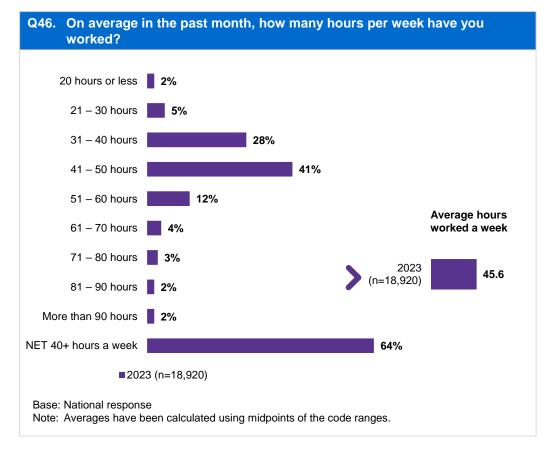
Q44.	How often do the followin	g adverselv affect	vour wellbeing in	your setting?

				Total always / most of the time	Total never / sometimes
The amount of work I am expected to do (n=18,986)	8% 17%	54%	21%	25%	75%
Having to relocate for work (n=18,967)	11% 12%	35%	41%	24%	76%
Dealing with patient expectations (n=18,989)	6% 14%	58%	22%	20%	80%
Having to work unpaid overtime (n=18,977)	8% 10%	33%	48%	19%	81%
Lack of appreciation (n=18,966)	6% 12%	42%	39%	19%	81%
Dealing with patients' families (n=18,993)	<mark>5% 12%</mark>	60%	23%	18%	82%
Expectations of supervisors (n=18,996)	5% 11%	46%	38%	16%	84%
Having to work paid overtime (n=18,984)	5% 10%	46%	39%	15%	85%
Being expected to do work that I don't feel confident doing (n=18,968)	4% <mark>7%</mark>	45%	45%	11%	89%
Supervisor feedback (n=18,998)	4% <mark>7%</mark>	38%	51%	11%	89%
Workplace conflict (n=18,968)	<mark>6%</mark>	41%	50%	9%	91%
Limited access to senior clinicians (n=18,964)	<mark>6%</mark>	37%	54%	8%	92%
■ Always	Most of the time	ne Sometim	nes Never		
Base: National response. Base size varies according to	o question Note:	: Labels 3% and below r	emoved from chart		



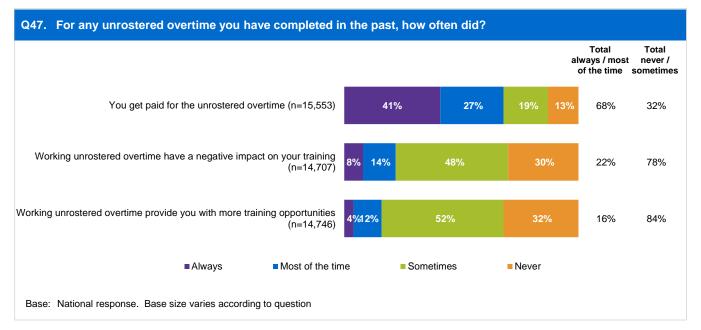
4.8.8 Ratings of workload



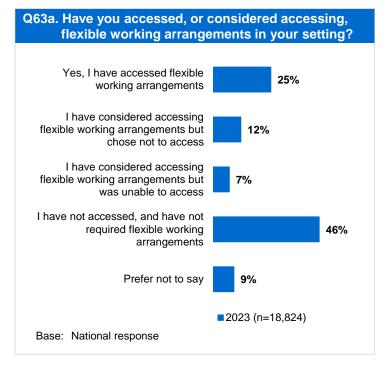




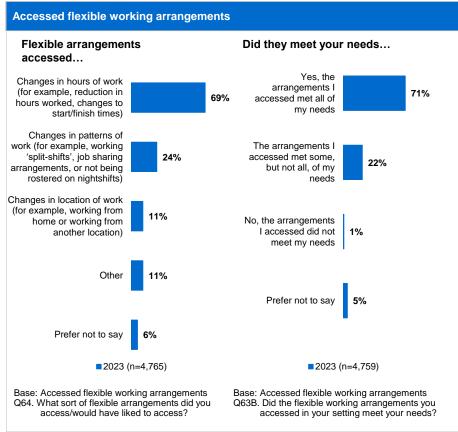
4.8.9 Unrostered overtime



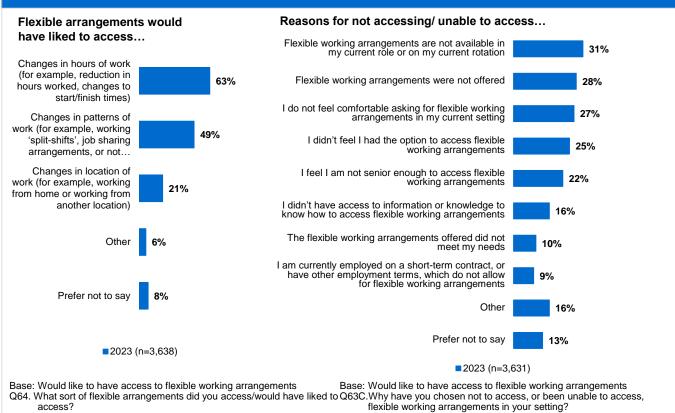
4.8.10 Flexible working arrangements





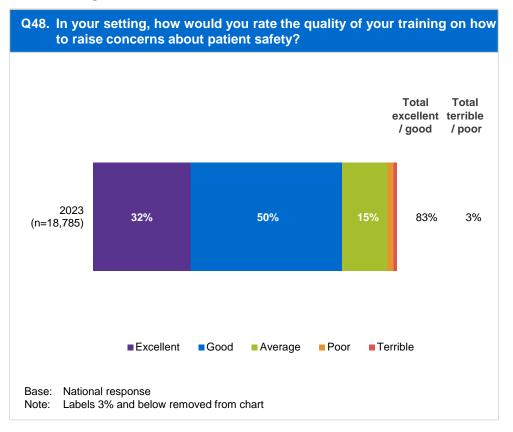


Would like to have access to flexible working arrangements

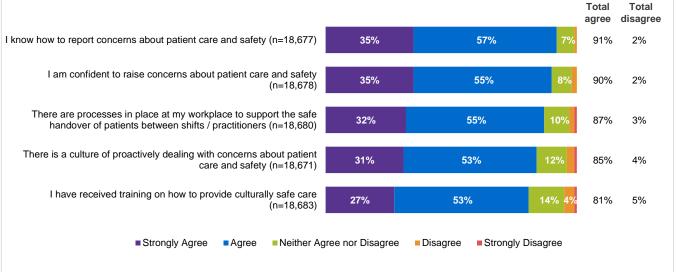




4.9 Patient safety



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



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart



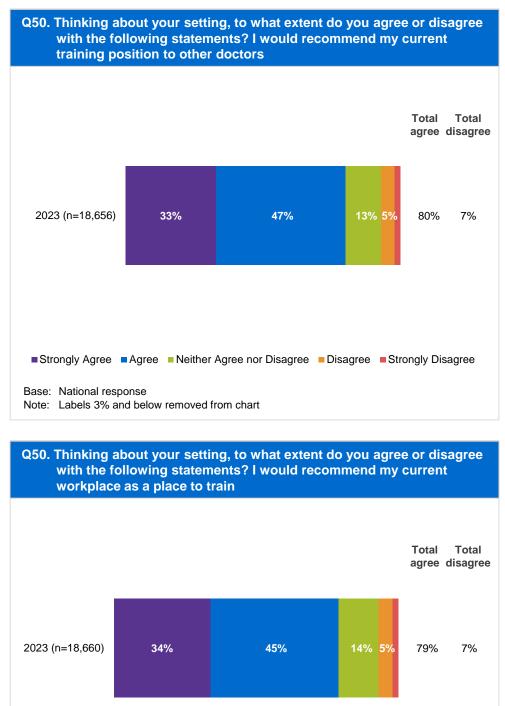
4.10 Overall satisfaction

Base:

Note:

National response

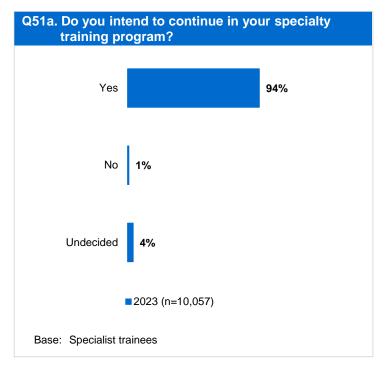
Labels 3% and below removed from chart



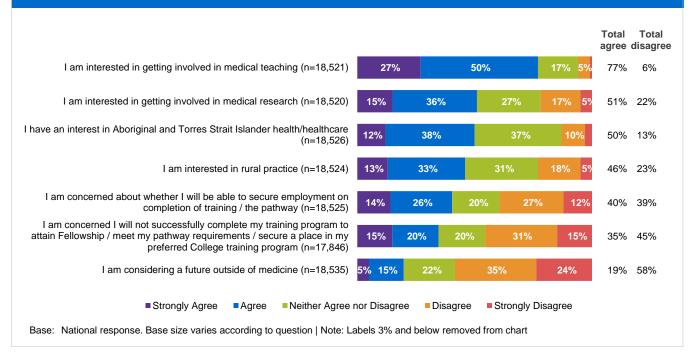
Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree



4.11 Future career intentions



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

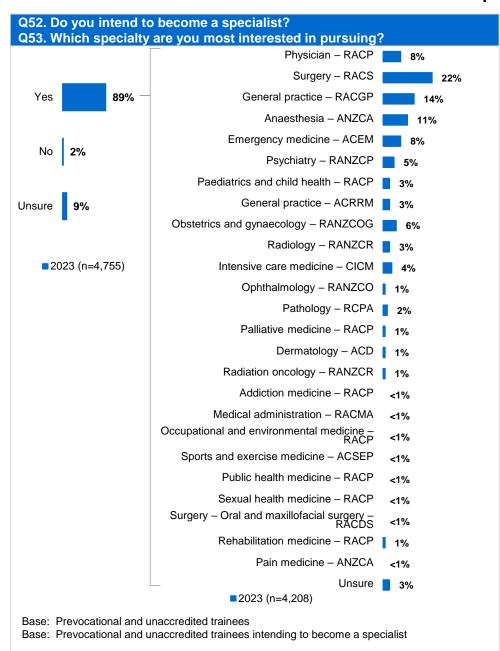




	alty are you most interested in pursui	
	Physician – RACP	17%
Yes 87%	Surgery – RACS	12%
	General practice – RACGP	11%
No 3%	Anaesthesia – ANZCA	11%
1	Emergency medicine – ACEM	5%
	Psychiatry – RANZCP	9%
ure 10%	Paediatrics and child health – RACP	5%
	General practice – ACRRM	6%
■2023 (n=1,026)	Obstetrics and gynaecology – RANZCOG	4%
	Radiology – RANZCR	2%
	Intensive care medicine – CICM	3%
	Ophthalmology – RANZCO	1%
	Pathology – RCPA	1%
	Palliative medicine – RACP	1%
	Dermatology – ACD	<1%
	Radiation oncology – RANZCR	1%
	Addiction medicine – RACP	1%
	Medical administration – RACMA	<1%
	Occupational and environmental medicine – RACP	<1%
	Sports and exercise medicine – ACSEP	<1%
	Public health medicine – RACP	<1%
	Sexual health medicine – RACP	<1%
	Surgery – Oral and maxillofacial surgery – RACDS	<1%
	Rehabilitation medicine – RACP	<1%
	Pain medicine – ANZCA	<1%
	Unsure	8%
e: Interns	■2023 (n=888)	

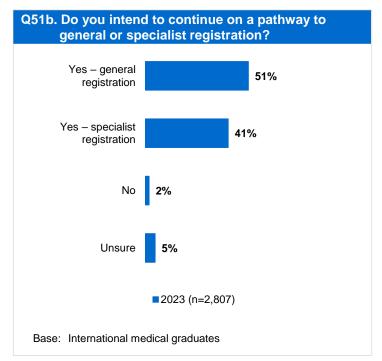
4.11.1 Interns – interest in a specialty





4.11.2 Prevocational and unaccredited trainees - interested in a specialty





4.11.3 IMGs – intention to continue on a pathway



Appendix A. Detailed methodology





A1 Detailed participant profile

	2	2023 - survey	responses inc	luded for ana	lysis	
	TOTAL*	Interns	Prevocat- ional and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs
2023 - TOTAL	22,092	1,315	5,825	8,423	3,299	3,230
State /Territor	у					
ACT	455	29	129	194	37	66
NSW	6,307	324	1,578	2,567	1,070	768
NT	409	32	113	136	63	65
QLD	4,710	330	1,279	1,734	773	594
SA	1,550	91	391	617	221	230
Tas.	639	64	163	166	100	146
Vic.	5,657	296	1,451	2,262	678	970
WA	2,365	149	721	747	357	391
Location	•		•		• • •	
Metropolitan area	14,082	832	3,979	6,458	1,107	1,706
Regional area	5,933	412	1,464	1,604	1,270	1,183
Rural area	1,379	34	139	82	874	250
Do not wish to specify	200	1	58	60	45	36

*Note: n=222 unknown trainee type partial responses not shown.



A2 Survey length

The Medical Training Survey (MTS) was designed to take 15 minutes or less to complete. The survey could be completed across multiple sessions and be re-accessed through a unique survey link at a later stage.

On average, the time taken to complete the survey varied according to the number of questions answered and the number of sessions in which the survey was attempted. The table below shows the median time taken for the different survey versions and various levels of completion.

		Completio	n by cohort			
	Total	Interns	Prevocational and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs
Completed* surveys						
Total completes	19,088	1,048	4,840	7,285	3,022	2,893
Average number of sessions per complete [#]	1.4	1.8	1.3	1.2	1.3	2.0
Average time taken per complete [#]	13.4	14.0	11.4	12.4	14.2	18.8
Partial* surveys	1		'			
Total partials	3,249	273	985	1,138	277	354
Average number of sessions per partial [#]	1.4	1.9	1.2	1.2	1.3	2.3
Average time taken per partial [#]	3.3	3.2	3.1	3.6	5.4	3.7

* See definitions for complete and partial from the previous table. Note: n=222 unknown trainee type partial responses not shown.

To control the impact of outliers, the average computed after deleting the lowest 5% and highest 5% values.



A3 Cognitive testing

The new survey questions were tested with the intended audience to check understanding of the content areas and the ease with which the new questions could be completed. In total, n=5 cognitive tests were conducted in 2023.

The cognitive tests aimed to:

- confirm survey content areas with respondents, specifically around new questions on training opportunities and bullying and harassment
- flag any content areas not understood by respondents
- check what participants understood by any terms which could be interpreted ambiguously
- understand the ease with which the new questions could be completed
- check if there would be any new barriers that would prevent the survey from being completed.

Doctors in training completed new questions added to the survey via a screen-shared video of the questionnaire under the observation of a moderator and were asked to note any areas of the survey requiring additional clarity. After the survey was completed, the moderator explored and identified potential issues including when the survey needed to be clearer, when trainees paused for thought, potential ambiguity and preferences for methods to complete the survey (including any barriers to complete).

Overall, respondents were positive towards the suggested changes and additions. After the cognitive testing, minor amendments to the survey were adopted by the Steering Committee and Consultative Forum. These were tested internally and by Ahpra before a pilot launch of the survey was conducted.

A4 Completion rate

There were a total of n=22,337 responses to the 2023 MTS that were eligible for analysis. This figure represents 52.3% of the total number of doctors in training invited to complete the survey (n= 42,732), minus any terminated from those invited (n=961) due to the respondent being out of scope.

The number of responses eligible for analysis is made up of doctors in training who completed the survey (passed the 75% point of their respective survey version) or partially completed the survey (answered at least one question but did not complete it). Overall, 85% of responses (n=19,088) eligible for analysis are completed surveys, with the remaining proportion considered as partials.

A4.1 Partials

The proportion of partially completed surveys comprises 15% of the responses eligible for analysis. The point in which the doctor in training stopped the survey is defined as the 'last question with a response', although as not all questions were compulsory, they may have skipped some questions and answered others later in the survey.

A4.2 Missing data

In addition to partially completed surveys, a small proportion of data are missing from the dataset due to respondents skipping non-compulsory questions or selecting 'not applicable'.

There were five compulsory questions in the MTS if they applied to the respondent. These questions determined whether the doctor in training was in scope for the purpose of the survey and if so, identified



their cohort when this could not be determined by their answer to the previous question. The five compulsory questions were:

- ► Q2. Are you employed:
- Q3. Are you in a college training program?
- ▶ Q4. In which state or territory is your current term/rotation/placement based?
- Q8. Do you intend to undertake further postgraduate training in medicine? (only for those who selected 'Career medical officer' to Q7 What is your role in the setting?)
- ▶ Q14. Which specialist training program(s) are you doing?

For all other questions, doctors in training were able to skip the question if they wished. To prevent questions from being skipped by accident, a reminder appeared if the respondent tried to navigate to the next page without answering the question. Overall, very few questions were deliberately skipped by respondents when compared across all data collected across all respondents and questions.

A small number of questions also had 'not applicable' or 'does not apply' response options. These options were made available as the specific question(s) may not apply to all doctor in training participants, but could not be automatically skipped due to the use of a filter. Questions that have a 'not applicable' or 'does not apply' option are:

- Q5c. (If current term/placement/rotation is primarily in a hospital) Select any additional settings you work in. / (If current term/placement/rotation is not primarily in a hospital) Which settings do you work in?
- ▶ Q9b. If applicable, which subspecialty area are you practising in?
- ▶ Q16b. Which training program are you in?
- ► Q22. Thinking about how <College> communicates with you about your training program, to what extent do you 'agree' or 'disagree'' with the following statements?
- Q24. Thinking about all your <College> exam(s) not just the most recent, to what extent do you 'agree' or 'disagree'' with the following statements?
- ▶ Q30. In your setting, how would you rate the quality of your overall clinical supervision for...
- Q33. Thinking about your access to opportunities to develop your skills, to what extent do you agree or disagree with the following statements? In my setting...
- Q35. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your...?
- ▶ Q40. How would you rate the quality of the following in your setting?
- ▶ Q47. For any unrostered overtime, you have completed in the past, how often did...?



A5 **Development of the survey tool**

The Medical Training Survey (MTS) was developed in two phases: first the content and later fine-tuning through cognitive testing.

A5.1 Survey content development

To develop the MTS, the Board and Ahpra established two working groups: a Steering Committee, to manage the hands on work to develop and deliver the survey, and a Consultative Forum, to strengthen the survey with input from doctors in training and other experts. Both groups contributed to the design and development of the MTS. This included revising and updating the questions asked from 2020 onwards to capture further data on the culture of medicine and if and how COVID-19 has impacted medical training. The Steering Committee and Consultative Forum include a representatives of medical organisations, such as doctors in training, specialist colleges, employers and jurisdictions, the Australian Medical Council (AMC), the Australian Medical Association (AMA), postgraduate medical councils, Medical Council of NSW, Doctors' Health Services and the Australian Indigenous Doctors' Association (AIDA). More information about the composition of the working groups is available at medicaltrainingsurvey.gov.au, in Appendix C and Appendix D.

A series of guiding principles, developed by the Steering Committee and Consultative Forum, shaped the design of the survey, including that it would be:

- a quality improvement tool
- safe and confidential for trainees to complete
- focused on medical training and encourage reflection
- accessible across platforms and easy to use

Five versions of the survey were developed, with a core set of questions common to each version. The five versions of the survey are relevant to different groups of doctors in training: interns, prevocational and unaccredited trainees, specialist non-GP trainees, specialist GP trainees and IMGs.

EY Sweeney programmed the survey, finalised by the Board and Ahpra, so it could be delivered online. Key design features included:

- filtering questions and response options based on answers to earlier questions, so only applicable questions were shown
- use of alternate wording to survey questions or options to use familiar language for different groups of trainees
- provision of response options such as 'do not wish to specify' or 'prefer not to say' in case participants felt uncomfortable providing responses
- non-compulsory questions, allowing doctors in training to skip questions
- use of tool-tips, either through hover or click, for terms requiring additional clarification
- maintaining the order of response lists, which were designed to be presented logically, and
- when trainees were enrolled in two colleges, the order of the college questions was randomised so each college had an equal chance of being presented first.



A5.2 Survey content revision

Between the 2022 and 2023 fieldwork periods, a review of survey questions took place to accommodate the current training environment. As a result of this review, the following questions were amended, added or deleted:

Amendments

Specialist GP trainees

- Q16b. Which training program are you in?
 - Option 6 'RACGP Fellowship Support Program' added
 - Option 7 'RACGP Rural Generalist Fellowship' added
- Q18b. Thinking about your [Remote Vocational Training Scheme (RVTS)] training program, to what extent do you agree or disagree with each of the following statements?
- Q19b. To what extent do you agree or disagree with the following statements?
- Q20b. To what extent do you agree or disagree with the following statements?

Additions

All doctors in training

- Q63a. Have you accessed, or considered accessing, flexible working arrangements in your setting?
- Q64. What sort of flexible arrangements did you access?
- Q63b. Did the flexible working arrangements you accessed in your setting meet your needs?
- Q63c. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting?
- Q60. Do you identify as a person with a disability?
- Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others?

Deletions

Specialist GP trainees

- Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?
 - o Option 2: I am able to attend [Regional Training Organisation] education events

All doctors in training

- Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?
 - o Option 11: I have access to flexible working arrangements
- Q62. COVID-19 has impacted my...



A6 **Data collection processes**

The Medical Training Survey (MTS) collected data through responses to an online survey. We received responses from n=23,298 doctors in training, with n=22,337 responses eligible for analysis (i.e. currently training in Australia) between 9 August and 8 October 2023.

In total, 42,732 doctors in training were invited to participate in the survey. The response rate for the survey was 54.5%, which is the number of online survey responses divided by the number of survey invitations.

A6.1 Survey fieldwork

There were two methods used to invite doctors in training to participate in the MTS. The Board sent interns and IMGs an email invitation with a unique survey link to the relevant version of the survey.

Other groups of doctors in training – prevocational, unaccredited and specialist trainees - were provided with a unique survey link at the end of the medical registration renewal process. Trainee answers to key survey questions determined which version of the survey they received.

A6.2 Survey pilot

Data collection for the 2023 MTS began with a survey pilot. On 9 August 2023, a subset of interns and IMGs were sent an email invitation to participate. Pilot data were reviewed to identify any technical issues, including unexpected dropouts. The helpdesk was closely monitored in case respondents had unforeseen issues.

A6.3 Full launch

The full launch of the 2023 MTS aligned with the opening of the medical registration process on 16 August 2023. Doctors answering 'Yes' to the question 'Are you a doctor in training?' were invited to participate in the survey. The remaining interns and IMGs (i.e. those not in the pilot subset), received an email invitation from the Board to complete the survey.

A6.4 Reminders

To ensure doctors in training had every chance of participating and to maximise the response rate, promotional activities and reminders to complete the survey were issued throughout the survey period. These included:

- personalised email and SMS reminders, sent by Ahpra on behalf of the Board, to doctors in training who had not completed the survey, and
- survey promotion activities such as newsletter articles, social media videos, emails directly from key stakeholders and word of mouth.

A6.5 Survey eligibility

To be eligible to participate in the survey, respondents had to be:

- a doctor in training including an intern, hospital medical officer, resident medical officer, nonaccredited trainee, postgraduate trainee, principal house officer, registrar, specialist trainee, IMG (with provisional or limited registration) or career medical officer with an intention to undertake further postgraduate training in medicine, and
- employed full time, part-time or casually for most of their current rotation, and
- undertaking their current term/rotation/placement in Australia.



In total, n=961 participants were terminated from the survey because they did not meet each of the criteria above, or if they contacted the survey administrators to indicate they were not a doctor in training. Of those who had started the survey, n=21 participants later indicated they were not doctors in training.

		Out of	fscop	oe surv	eys					
	20	23	2	022	2	021	2	020	2	019
	n=	%	n=	%	n=	%	n=	%	n=	%
Total terminated after commencing survey	961	100%	948	100%	933	100%	936	100%	539	100%
Terminated reason										
On extended leave for current rotation	544	57%	565	60%	588	63%	565	60%	335	62%
Outside Australia for current rotation	348	36%	290	31%	285	31%	309	33%	174	32%
Career medical officers with no intention of undertaking further postgraduate training in medicine	48	5%	53	6%	49	5%	55	6%	25	5%
Not a doctor in training (including IMGs who have general registration)	21	2%	40	4%	11	1%	7	1%	5	2%



A6.6 Final sample

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

			Samp	le structur	е			
		202	23		2022	2021	2020	2019
	No of completes [#]	No of partials [^]	Total included in analysis	Maximum margins of error [*] +/-	Total included in analysis	Total included in analysis	Total included in analysis	Total included in analysis
TOTAL	19,088	3,249	22,337	0.7	22,135	20,671	20,915	9,378
Interns	1,048	273	1,321	3.0	1,053	1,191	1,360	786
Prevocatio nal and unaccredit ed trainees	4,840	985	5,825	1.4	5,799	5,448	5,158	1,953
Specialist non-GP trainees	7,285	1,138	8,423	1.1	9,251	8,846	9,020	3,510
Specialist GP trainees	3,022	277	3,299	1.8	3,470	3,128	3,132	1,390
IMGs	2,893	354	3,247	1.8	2,302	1,926	2,126	1,700
Unknown trainee type [~]	n/a	222	222	n/a	260	132	119	39

*Maximum margins of error shown are based on research findings of 50% at the 95% Confidence Interval. This has been calculated using the number of completes as the base, rather than the total included in analysis.

The margin of error indicates the error margin that surrounds results from the sample. For example, if the margin of error is 3.0%, and 50% of doctors in training 'strongly agree' or 'agree' to the statement 'I would recommend my current training position to other doctors', if this survey was repeated, on 19 out of 20 occasions the result would fall between 47.0% and 53.0%.

[#]A completed survey is defined as answering a question on or after the 75% completion mark for the doctor in training's respective survey version:

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

[~] These trainees have not answered the question 'Are you in a college program' to determine the type of trainee they are for the purposes of the survey.



B1 Survey questions

There are five versions of the Medical Training Survey (MTS), each tailored to a different group of doctors in training. Most questions are common across the survey versions. A consolidated copy of the survey questions are below. To view copies of the survey questions filtered to each group of doctors, please visit https://medicaltrainingsurvey.gov.au/Resources/Survey-questions.



This is a copy of the [COHORT] questions.

Medical Training Survey - Landing Page

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

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.

The results will be used as a quality improvement tool, to strengthen medical training in Australia. The results of the MTS will be published in the interests of transparency. Specialty and jurisdiction specific reports derived from MTS data may be generated, while assuring participant confidentiality. Stakeholders may apply MTS data to improve medical training in Australia.

The MTS is being administered by EY Sweeney and will take approximately 15 minutes to complete.

Click here for more information about participation.

Please press **NEXT** to continue.

For access to the EY Sweeney Privacy Policy, click <u>here</u>. For any technical problems with this survey please send an email by selecting on the link that appears at the bottom of each page.

Medical Training Survey - Main Survey Introduction

How to complete the survey

Use your mouse to "Click" the relevant circles or boxes to mark your selection with a black dot or a tick. Some questions require you to type in your answers.

You may close the survey down and re-enter at the point you left off. To do so, use the link in the email invitation (interns and international medical graduates) or in your confirmation of registration email (all other doctors in training).

Once you have completed all questions on a page you will need to click the "Next" Button to proceed to the next screen.

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

Please press **NEXT** to continue.

For access to the EY Sweeney Privacy Policy, click <u>here</u>. For any technical problems with this survey please send an email by selecting on the link that appears at the bottom of each page.



READER NOTE: Respondents do not see codes (numbers) in the questions nor the headings in black boxes. Text in square brackets, or prefaced by PROMGRAMMER NOTE are instructions to program.

GENERIC SURVEY ENTRY FOR [INS] AND [IMG]. STATUS SWITCHED FROM [SNT] WITHIN SURVEY. CREATE HIDDEN VARIABLE FOR COHORT

S0. PROGRAMMER NOTE:	[INS] Interns	O 01
AUDIENCES FOR THIS SURVEY ARE SPLIT INTO 5 COHORTS:	[IMG] International Medical Graduates	0 02
	[PVT] Prevocational Trainees	O 03
	[SNT] Specialist Non-GP Trainees (Default entry for	
	specialists)	O 04
	[SGPT] Specialist GP trainees (assigned based on Q14	4) O 05



DEMOGRAPHICS

The questions in this survey focus on your recent experiences as a doctor in training. As this survey is being completed by all doctors in training, please answer the questions in respect to your current situation and stage in your training journey.

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

TERMINATE 1:

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

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

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

[PVT	, SNT/SGPT]	Yes	[ASSIGN SNT]	01
Q3.	Are you in a college training program?	No	[ASSIGN PVT]	02
{Q3}				

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.



[IMG, PVT, INS, SNT/SGPT]	ACT	O 01
Q4. In which state or territory is your current	NSW	O 02
term/rotation/placement based?	NT	O 03
l e and the second state of the second state	QLD	O 04
If you have only been practising or training in your current state or territory for less	SA	O 05
than two weeks, please select the state or	<u>Tas.</u>	O 06
territory for your previous setting. Please select one response only.	Vic.	O 07
{Q2}	WA	O 08
	Outside Australia TERMINATE 2	O 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 medicaltrainingsurvey@au.ey.com

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

[IMG, I	PVT, INS, SNT/SGPT]	Yes	01
Q5a.	SHOW IF PVT, INS, SNT/SGPT Is your current term/rotation/placement predominantly in a hospital?	No	02
	SHOW IF IMG Is your current position in a hospital?		
	If you have only been practising or training in your current term/rotation/position or placement for less than two weeks, please consider your previous setting.		
	PVT, INS, SNT/SGPT]	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 01
	PVT, INS, SNT/SGPT] = Q5a=1 {08a=1}		0 01 0 02
	· · · •	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	
ASK I	Q5a=1 (08e=1) Which hospital do you work at? If you work at more than one hospital,	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 02
ASK I	Q5a=1 (08e=1) Which hospital do you work at?	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 02 O 03
ASK I	Q5a=1 (00a=1) Which hospital do you work at? If you work at more than one hospital, select where you spend most time.	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 02 0 03 0 04
ASK I	Q5a=1 (08a=1) Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training in your current hospital for less than two	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	 0 02 0 03 0 04 0 05
ASK I	Q5a=1 (00a=1) Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training		 0 02 0 03 0 04 0 05 0 06
ASK I	 Q5a=1 (08a=1) Which hospital do you work at? If you work at more than one hospital, select where you spend most time. If you have only been practising or training in your current hospital for less than two weeks, please consider your previous 	Other	 0 02 0 03 0 04 0 05 0 06 0 97



[IMG, PVT, INS, SNT/SGPT]		Aboriginal and Torres Strait Islander health service	□ 01
ASK IF Q5a=1 (05a)		Aged care facility	□ 02
	ny additional settings you work in.	Community health service	□ 03
		Correctional services	□ 04
This question refers to your additional <u>clinical</u> <u>settings/workplace</u> , not your role/rotation/position.		General practice clinic	□ 05
		Other	□ 97
ASK IF Q5a=2		Not applicable	O 98
Q5c. Which s	ettings do you work in?		
Pleases	select all that apply		
	TEXT FOR 'SETTING'		
U U U U U U U U U U U U U U U U U U U	s the current or most recent ce, placement or rotation where at		
least 2 v	veeks have been completed as part		
of your t	raining.		
[IMG, PVT, INS,	-	Metropolitan area (e.g. capital city – Sydney, Melbourr	
ASK IF Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE (08a=2)08b=97(98)		Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	01
		Regional area (e.g. within or less than 15km from a tow population of at least 15,000 that is not a capital city)	<u>vn with a</u> O 2
Q6. Is your o	current setting in a?	Rural area (e.g. more than 15km from the closest towr	
Please	select one response only.	population of at least 15,000)	0 3
	TEXT FOR 'SETTING'	Do not wish to specify	O 99
	s the current or most recent ce, placement or rotation where at		
	veeks have been completed as part		
of your t	raining.		
{Q62}			
[IMG, PVT, SNT	/SGPT]	SHOW IF IMG Intern	01
Q7. What is	What is your role in the setting? Please select one response only.	Resident Medical Officer / Hospital Medical Officer	02
		Principal House Officer	04
Pleases		Career Medical Officer	06
HOVER	TEXT FOR 'SETTING'	Registrar	07
Setting i	Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part	SHOW IF IMG Specialist	08
		Unaccredited Registrar	09
of your t		Other	0 97
{Q4}			
		I	
[IMG, PVT] ASK IF Q7=6 (Q4=6)		Yes	01
		No	02
Q8. Do you i	intend to undertake further		
postgrad	duate training in medicine?		
{Q5}			

TERMINATE PVT IF Q5=2 {Q8=2}



TERMINATE 3:

Thank you for your interest in completing the Medical Training Survey. This survey has been designed for doctors in training, as a Career Medical Officer with no intention to undertake further postgraduate training in medicine the remaining questions in this survey are unlikely to be appropriate for you. We thank you for your time in completing the survey up to this point.

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

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

[IMG, PVT, INS, SNT/SGPT]		Addiction medicine	O 01
Q9a.	Which area are you currently practising in?	Anaesthesia	O 02
Q9a.		Dermatology	O 03
	Please select one response only.	Emergency medicine	0 04
	If you have only been practising or training in your current area for less than two weeks, please select the area for your previous setting.	General practice	O 05
		Intensive care medicine	O 06
		Medical administration	O 07
		Obstetrics and gynaecology	O 08
		Occupational and environmental medicine	O 09
		Ophthalmology	O 10
		Paediatrics and child health (inc. specialties)	O 11
		Pain medicine	O 12
		Palliative medicine	O 13
		Pathology	O 14
		Physician Adult medicine (inc. specialties)	O 15
		Psychiatry	O 16
		Public health medicine	0 17
		Radiation oncology	O 18
		Radiology	O 19
		Rehabilitation medicine	O 20
		Sexual health medicine	0 21
		Sport and exercise medicine	0 22
		Surgery	O 23
		Other	O 97
			-



ſIMG.	PVT, INS, SNT/SGPT]	Emergency Medicine	[04]
	F Q9a = 4 6 8 11 14 15 19 23	Paediatric emergency medicine	O 12
{Q7=4 6 8 11 14 15 19 23}		Not applicable	O 98
Q9b.	If applicable, which subspecialty area are you practising in?	Prefer not to say	O 99
		Intensive care medicine	[06]
	Please select one response only.	Paediatric intensive care	O 01
{Q7b}		Not applicable	O 98
		Prefer not to say	O 99
		Obstetrics and gynaecology	[08]
		Gynaecological oncology	O 60
		Maternal-fetal medicine	O 61
		Obstetrics and gynaecological ultrasound	O 62
		Reproductive endocrinology and infertility	O 63
		Urogynaecology	O 64
		Not applicable	O 98
		Prefer not to say	O 99
		Paediatrics and child health	[11]
		General paediatrics	O 06
		Paediatric clinical genetics	O 07
		Community child health	O 08
		Neonatal and perinatal medicine	O 09
		Paediatric cardiology	0 10
		Paediatric clinical pharmacology	0 11
		Paediatric emergency medicine	0 12
		Paediatric endocrinology	O 13
		Paediatric gastroenterology and hepatology	0 14
		Paediatric haematology	O 15
		Paediatric immunology and allergy	O 16
		Paediatric infectious diseases	0 17
		Paediatric intensive care medicine	O 18
		Paediatric medical oncology	O 19
		Paediatric nephrology	O 20
		Paediatric neurology	0 21
		Paediatric nuclear medicine	0 22
		Paediatric palliative medicine	O 23
		Paediatric rehabilitation medicine	0 24
		Paediatric respiratory and sleep medicine	O 25
		Paediatric rheumatology	O 26
		Not applicable	O 98
		Prefer not to say	O 99



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



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



O 97

O 99

TRAINING CURRICULUM

In this next section, we would like to know about the training program/s you are undertaking.

[IMG]		1 or less	0 01
Q10.	How many years have you held registration	2	0 02
~	in Australia?	3	O 03
		4	0 04
	Please select one response only.	5	O 05
		6	O 06
		7	0 07
		8	O 08
		9	O 09
		10 or more	0 10
[IMG]		Consider and compositent outboarts nothing	
		Specialist and competent authority pathway Go to Q11b (Q10b)	0 01
Q11a.	Which pathway are you in?	Specialist pathway Go to Q11b (Q10b)	0 02
	Please select one response only.	Standard pathway (AMC exam)	O 03
		Standard pathway (Workplace based assessment)	0 04
		Competent authority pathway	O 05
		Short term training pathway	O 06

Other

Unsure



		•
[<mark>IMG</mark>] ASK IF	= Q11a=1 OR 2 (Q10a=1 2)	Australasian College for Emergency Medicine (ACEM) 01 The Australasian College of Dermatologists (ACD) 02
Q11b.	Which college(s) did your specialist pathway assessment?	Australasian College of Sport and Exercise Physicians (ACSEP)
	Please select all that apply, up to a	Australian and New Zealand College of Anaesthetists (ANZCA)
	maximum of two.	Australian College of Rural and Remote Medicine (ACRRM)
		College of Intensive Care Medicine of Australia and New Zealand (CICM)
		Royal Australasian College of Dental Surgeons (RACDS) 07
		The Royal Australasian College of Medical Administrators (RACMA)
		The Royal Australasian College of Physicians (RACP) 09
		Royal Australasian College of Surgeons (RACS) 10
		The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
		The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)12
		The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 13
		The Royal Australian and New Zealand College of Radiologists (RANZCR)
		The Royal Australian College of General Practitioners (RACGP)
		The Royal College of Pathologists of Australasia (RCPA) 16
		Prefer not to say
		Unsure O 99
[IMG, I	PVT, INS]	Yes Go to Q13 (Q12) O 1
040		Source Source<
Q12.	SHOW IF INS Organisations that employ interns are	
	required to provide them with a formal	
	education program (such as grand rounds and weekly teaching sessions etc) in	
	addition to work-based teaching and learning.	
	Do you know about your intern education program?	
	SHOW IF PVT	
	De very heurs e professional development er	

Do you have a professional <u>development or</u> <u>training plan</u>?

HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'

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

- -----



SHOW IF IMG Do you have a professional <u>development or</u> <u>training plan</u>?

HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'

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

[IMG, PVT, INS] ASK IF Q12=1 (Q11=1)

Q13. SHOW IF INS

Thinking about your **intern education program**, to what extent do you agree or disagree with the following statements?

SHOW IF IMG, PVT

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

Please select one response per row.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
My SHOW IF INS intern education program SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor	05	O 4	Ο 3	02	01
There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF IMG, PVT plan in my current setting	05	04	Ο 3	02	O 1
I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF IMG, PVT plan requirements	05	04	03	02	01
SHOW IF IMG My plan is preparing me to be a doctor/specialist in the Australian healthcare system	05	04	Ο 3	02	01
My SHOW IF INS intern education program SHOW IF IMG, PVT plan is preparing me for future medical practice	O 5	O 4	03	02	01
My SHOW IF INS intern education program SHOW IF IMG, PVT plan is advancing my knowledge	05	O 4	Ο 3	02	O 1
	 SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF IMG, PVT plan in my current setting I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF INS intern education program SHOW IF IMG, PVT plan requirements SHOW IF IMG My plan is preparing me to be a doctor/specialist in the Australian healthcare system My SHOW IF INS intern education program SHOW IF ING, PVT plan is preparing me for future medical practice My SHOW IF INS intern education program SHOW IF ING, PVT plan is preparing me for future medical practice 	AgreeMy SHOW IF INS intern education program SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor0 5There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF ING, PVT plan in my current setting0 5I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF ING, PVT plan requirements0 5SHOW IF ING, PVT plan requirements0 5SHOW IF ING, PVT plan requirements0 5My show IF INS intern education program sHOW IF ING, PVT plan is preparing me to be a doctor/specialist in the Australian healthcare system0 5My SHOW IF INS intern education program SHOW IF ING, PVT plan is preparing me for future medical practice0 5My SHOW IF INS intern education program SHOW IF INS, PVT plan is advancing my0 5	AgreeAgreeMy SHOW IF INS intern education program SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor0 50 4There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF ING, PVT plan in my current setting0 50 4I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF ING, PVT plan requirements0 50 4SHOW IF ING My plan is preparing me to be a doctor/specialist in the Australian healthcare system0 50 4My SHOW IF INS intern education program SHOW IF ING, PVT plan is preparing me for future medical practice0 50 4	Strongly AgreeAgreeAgree nor DisagreeMy SHOW IF INS intern education program SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor0 50 40 3There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF INS intern plan in my current setting0 50 40 3I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF ING, PVT plan requirements0 50 40 3SHOW IF ING My plan is preparing me to be a doctor/specialist in the Australian healthcare system0 50 40 3My SHOW IF INS intern education program SHOW IF INS, PVT plan is preparing me for future medical practice0 50 40 3My SHOW IF INS intern education program SHOW IF INS, PVT plan is advancing my0 50 40 3	Strongly AgreeAgreeAgree or DisagreeDisagreeMy SHOW IF INS intern education program SHOW IF IMG, PVT plan is helping me to continue to develop as a doctor05040302There are opportunities for me to meet the requirements of my SHOW IF INS intern education program SHOW IF INS, PVT plan in my current setting05040302I understand what I need to do to meet my SHOW IF INS intern education program SHOW IF INS intern education program SHOW IF IMG, PVT plan requirements05040302SHOW IF ING My plan is preparing me to be a doctor/specialist in the Australian healthcare system05040302My SHOW IF INS intern education program SHOW IF INS, intern education program SHOW IF INS intern education program SHOW IF INS intern education program SHOW IF INS intern education program SHOW IF INS, intern education pro



		•
[SNT/	SGPT]	Addiction medicine – The Royal Australasian College of Physicians (RACP)
Q14.	Which specialist training program(s) are you doing?	Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA) 02
	Please select all that apply, up to a	Dermatology – The Australasian College of Dermatologists (ACD) 03
	maximum of two.	Emergency medicine – Australasian College for Emergency Medicine (ACEM) 04
	PROGRAMMER NOTE: CREATE HIDDEN VARIABLE	General practice – Australian College of Rural and Remote Medicine (ACRRM) ASSIGN SGPT 05
	[COLLEGE] FOR PIPING, ROTATE TEXT AFTER THE EM DASH, REMOVE ANY	General practice – The Royal Australian College of General Practitioners (RACGP) ASSIGN SGPT 06
{Q15}	"THE" PREFIXES	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)
		Occupational and environmental medicine – The Royal Australasian College of Physicians (RACP)
		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)
		Palliative medicine – The Royal Australasian College of Physicians (RACP)
		Pathology – The Royal College of Pathologists of Australasia (RCPA)
		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)
		Sexual health medicine – The Royal Australasian College of Physicians (RACP)
		Sports and exercise medicine – Australasian College of Sport and Exercise Physicians (ACSEP)
		Surgery – Royal Australasian College of Surgeons (RACS) 26 Surgery – Oral and maxillofacial surgery – Royal Australasian
		College of Dental Surgeons (RACDS)



-	, SNT] OR EACH COLLEGE IN Q14 (015X=1)	1 or less	0 01
		2	0 02
Q15.	How many years have you been in the [INSERT COLLEGE SELECTED] training	3	O 03
	program?	4	0 04
		5	O 05
	Please select one response only.	6	O 06
{Q17}		7	0 07
		8	O 08
		9	O 09
		More than 10	O 10
		Don't know	0 11
[SGPT	1	Australian General Practice Training (AGPT)	0 1
0166	Which training program are you in?	The Remote Vocational Training Scheme (RVTS)	02
QTOD.	Please select one response only.	RACGP Practice Experience Pathway (PEP)	03
{Q16b}		ACRRM Independent Pathway (IP)	04
		ACRRM Rural Generalist Training Scheme	05
		RACGP Fellowship Support Program	06
		RACGP Rural Generalist Fellowship	07
		Unsure	O 96
		Not applicable	0 97



Q18b. (Q19b)	Thinking about the RVTS training program, statements? Please select one response per row.	to what extent	: do you agre	e or disagree	with each of tl	he following
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The RVTS education program meets the College/s requirements	O 5	04	Ο 3	02	01
2.	The RVTS education program is preparing me as a specialist	O 5	04	Ο 3	02	01
3.	The RVTS education program is advancing my knowledge	05	04	O 3	02	01
	F Q16b=2 {Q16b=2}					4 de
-	F Q16b=2 {Q16b=2}		out your trair	ning program, i	to what exten	t do you
ASK II Q19b.	F Q16b=2 (016b=2) Thinking about how the RVTS communicate agree or disagree with the following statemer		out your trair Agree	ning program, ' Neither Agree nor Disagree	to what exteni Disagree	t do you Strongly Disagree
ASK II Q19b. (021)	F Q16b=2 (016b=2) Thinking about how the RVTS communicate agree or disagree with the following statemer	nts? Strongly	•	Neither Agree nor		Strongly
ASK II Q19b.	F Q16b=2 (016b=2) Thinking about how the RVTS communicate agree or disagree with the following statemer Please select one response per row. The RVTS clearly communicates the	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree



[<mark>SGP1</mark> ASK I] F Q16b=2 (Q1bb=2)					
Q20b.	Thinking about how the RVTS engages with statements?	you , to what	extent do yo	u agree or disa	agree with the	following
{Q28}	Please select one response per row.					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The RVTS seeks my views on the structure and content of the education program	O 5	O 4	Ο 3	O 2	01
2.	l am represented (by doctors in training e.g. registrar liaison officer) on RVTS training and/or education committees	05	O 4	O 3	02	O 1
3.	I am able to discuss the RVTS education program with other doctors	O 5	04	03	02	01
4.	The RVTS provides me with access to psychological and/or mental health support services	05	04	O 3	02	O 1
	RAMMER NOTE: LOOP THIS SECTION FOR RE COLLEGES HAVE EQUAL ODDS OF BE				PT IF 'OTHE	R'.

[SGPT, SNT]

The following questions relate to [INSERT COLLEGE FROM Q14]. (018b)

[SGPT, SNT]

Q21. Thinking about your **[INSERT COLLEGE FROM Q14]** (a15) training program, to what extent do you agree or disagree with each of the following statements?

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
1.	The College training program is relevant to my development	O 5	O 4	O 3	O 2	01	O 99
2.	There are opportunities to meet the requirements of the training program in my current setting	05	04	03	02	O 1	O 99
3.	I understand what I need to do to meet my training program requirements	05	04	03	02	O 1	O 99
4.	The College supports flexible training arrangements	O 5	04	Ο 3	O 2	01	O 99



[SGPT, SNT]

Q22. Thinking about how the **[INSERT COLLEGE FROM Q14]** (15) communicates with you about your training program, to what extent do you agree or disagree with the following statements?

Please select one response per row.

{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	O 5	04	Ο 3	O 2	01	O 99
2.	My College clearly communicates with me about changes to my training program and how they affect me	05	O 4	03	02	01	O 99
3.	I know who to contact at the College about my training program	05	04	03	02	01	O 99

[SGPT, SNT]

0.00		•		
	In the last 12 months, have you sat one or more exams fro Please select one response per row.	om?		
{Q24a}	riedse select one response per row.			
		Yes		No
1. F	PIPE [College]	0 1		02
ASK IF C	Q23aX=1 {Q24ax=1}	1		
[SGPT, S	SNT]			
	Have you received the results of your most recent exam fr	om?		
{Q24c}	Please select one response per row.			
		Yes		No
	PIPE [College]	Yes O 1		No O 2
1. F				
1. F	Q23bX=1 (Q24cx=1)			
1. F	Q23bX=1 (Q24cx=1)			
1. F ASK IF C [SGPT, S Q23c. E	Q23bX=1 (Q24cx=1) SNT] Did you pass the exam for?			
1. F ASK IF C [SGPT, S Q23c. [F	Q23bX=1 (Q24cx=1) SNT]			
1. F ASK IF C [SGPT, S Q23c. E	Q23bX=1 (Q24cx=1) SNT] Did you pass the exam for?	0 1		0 2
1. F ASK IF C [SGPT, \$ Q23c. [F (Q25a)	Q23bX=1 (Q24cx=1) SNT] Did you pass the exam for?		No Q 2	



[SGPT, SNT] ASK IF Q23a=1 (02

Q24. Thinking about all your **[INSERT COLLEGE FROM Q14]** (015) **exam(s)** not just the most recent, to what extent do you agree or disagree with the following statements?

Please select one response per row.

lazoar							
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	The exam(s) reflected the College training curriculum	O 5	04	O 3	O 2	01	O 99
2.	The information the College provided about the exam(s) was accurate and appropriate	05	04	03	02	01	O 99
3.	The exam(s) ran smoothly on the day	05	04	Ο 3	02	01	O 99
4.	The exam(s) were conducted fairly	05	04	Ο 3	02	01	O 99
5.	I received useful feedback about my performance in the exam(s)	O 5	04	Ο 3	O 2	01	O 99
6.	The feedback is timely	O 5	04	03	O 2	01	O 99
7.	I received support from my College when needed	05	04	O 3	O 2	01	O 99

[SGPT, SNT]

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

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The College seeks my views on the training program	05	04	03	O 2	0 1
2.	I am represented by doctors in training on the College's training and/or education committees	O 5	O 4	03	02	01
3.	I am able to discuss the College training program with other doctors	05	04	Ο 3	O 2	01
4.	The College provides me with access to psychological and/or mental health support services	O 5	04	03	02	O 1
5.	There are safe mechanisms for raising training/wellbeing concerns with the College	O 5	04	Ο 3	02	O 1

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



ASSESSMENT

Q26a. Did you receive an assessment for your previous rotation?

Yes	Go to Q23b {Q26b}	01
No	Go to Q29 (Q28)	02

[INS]

[INS]

ASK IF Q26a=1 (023a=1)

Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation...

Please select one response per row.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Was relevant to my training	05	04	03	02	01
2.	Included an opportunity to discuss feedback with my supervisor	05	04	Ο 3	02	01
3.	Provided me with useful feedback about my progress as an intern	05	04	O 3	O 2	01
4.	Was conducted fairly	05	O 4	03	02	O 1

ORIENTATION

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

This would normally be your current setting, workplace, placement or rotation, or might be your previous setting, if you have only been practising or training in your current setting for less than two weeks.

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

[SGPT, IMG, PVT,	INS, SNT]	Yes, a formal orientation	01
setting? HOVERTE Setting is th workplace,	eive an orientation to your XT FOR 'SETTING' le current or most recent placement or rotation where at ks have been completed as part hing.	Yes, but it was largely informal No Go to Q	<u>0 2</u> (28 (0.30) 0 3
[SGPT, IMG, PVT, ASK IF Q27a=1 OF	· -	Excellent	05
		Good	04
Q27b. How would orientation?	you rate the quality of your	Average	03
onentation		Poor	0 2
Please sel	ect one response only.	Terrible	0 1
{Q29b}			



CLINICAL SUPERVISION

[SGP]	r, IMG, PVT, INS, SNT]	Specialist (in	cluding specia	list GP)		0 1			
Q28.	SHOW IF SGPT, PVT, INS, SNT	Registrar				02			
	In your setting, who mainly provides your	Other doctor				03			
	day-to-day clinical supervision?	Nurse				04			
	SHOW IF IMG	Other				05			
	In your setting, who mainly provides your	SHOW IF S	GPT, PVT, INS	, SNT					
	day-to-day clinical supervision/peer review?	I don't have	a clinical supe	visor G	io to Q32 {Q34}	06			
	Please select one response only.	SHOW IF IN	IG						
	HOVERTEXT FOR 'SETTING'	I don't have	a clinical supe						
	Setting is the current or most recent workplace, placement or rotation where at			G	io to Q32 {Q34}	07			
	least 2 weeks have been completed as part								
{Q30}	of your training.								
	In my setting, if my clinical supervisor(s) is not available SHOW IF IMG								
	In my setting, if my clinical supervisor(s)/p	eer reviewer(s	s) is not availal	ole					
{Q31}	In my setting, if my clinical supervisor(s)/per- Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace completed as part of your training.	·			2 weeks have t	been			
{Q31}	Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace	ce, placement			2 weeks have b				
{Q31}	Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace	·		ere at least 2	2 weeks have b Disagree	Deen Strongly Disagree			
{Q31} 1.	Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace	ce, placement Strongly	or rotation whe	ere at least 2 Neither Agree nor		Strongly			



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

Q30. We'd now like you to give a rating for the following statements, with 5 stars indicating 'very good' and 1 star indicating 'very poor'.

SHOW IF SGPT, PVT, INS, SNT

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

SHOW IF IMG

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

Please select one response per row.

HOVERTEXT FOR 'SETTING'

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

PROGRAMMER NOTE: STAR RATINGS

		1	2	3	4	5	Not applicable
1.	Helpfulness	05	04	Ο 3	02	01	O 99
2.	Accessibility	05	04	O 3	02	01	O 99
3.	Regular, INFORMAL feedback	05	04	Ο 3	02	01	O 99
4.	Regular, FORMAL feedback	05	04	Ο 3	02	01	O 99
5.	Usefulness of feedback	05	04	O 3	02	01	O 99
6.	Discussions about myyour goals and learning objectives	O 5	O 4	O 3	O 2	01	O 99
7.	SHOW IF SGPT, PVT, IMG, SNT Supporting you to meet your training plan/pathway requirements SHOW IF INS Supporting you to meet your intern education program requirements	05	04	Ο 3	02	01	O 99
8.	Including opportunities to develop your skills	O 5	04	O 3	02	01	O 99
9.	Ensuring your work is appropriate to your level of training	O 5	04	O 3	02	01	O 99
10.	Completing workplace-based assessments	O 5	04	O 3	O 2	O 1	O 99



ı

[SGPT, IMG, PVT, INS, SNT] ASK IF Q28=1 TO 5 (030=15)	Excellent	05
Q31. SHOW IF SGPT, PVT, INS, SNT	Good	04
For your setting, how would you rate the	Average	03
quality of your clinical supervision?	Poor	02
SHOW IF IMG	Terrible	01
For your setting, how would you rate the quality of your clinical supervision/peer review?		
Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as par of your training.	t	
[SGPT, IMG, PVT, SNT]	Yes	01
Q32. Has your performance been assessed in	No – but this is scheduled	0 2
Q32. Has your performance been assessed in your setting?	No – but I would like to be	03
	No – iťs not necessary	04
HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Unsure	05
workplace, placement or rotation where at least 2 weeks have been completed as par of your training.	t	
{Q34}		



ACCESS TO TEACHING

[SGPT Q35.	 F, IMG, PVT, INS, SNT] Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. 										
	Yes No Not applicable										
1.	Theoretical knowledge			01	0 2		03				
2.	Clinical skills		0 1	02		03					
3.	Procedural skills			0 1	02		03				
4.	Teaching and supervision skills			01	02		03				
5.	Ethics			0 1	02		03				
6.	Leadership and management			01	02		03				
7.	Communication			01	02		03				
8.	Cultural safety			01	02		03				
9.	Research			01	02		03				
[SGPT Q33. (Q35)	 , IMG, PVT, INS, SNT] Thinking about your access to opportunities twith the following statements? In my setting Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace completed as part of your training. 		-		·	-	Ū				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable				
1.	I can access the training opportunities available to me	05	04	03	O 2	O 1	O 99				
2.	I have to compete with other doctors for access to opportunities	05	04	03	02	01	O 99				

05

04

Ο3

02

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

3.

01

O 99



O 3

[SGPT, IMG, PVT, INS, SNT]

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

Please select one response per row.

HOVERTEXT FOR 'SETTING'

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

[000]						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have access to protected study time/leave	05	04	Ο 3	02	01
2.	I am able to attend conferences, courses and/or external education events	O 5	04	O 3	02	O 1
3.	SHOW IF SGPT My GP supervisor supports me to attend formal and informal teaching sessions	05	04	03	02	01
4.	My employer supports me to attend formal and informal teaching sessions	O 5	04	O 3	02	O 1
5.	I am able to participate in research activities	O 5	04	O 3	O 2	O 1

[SGPT, IMG, PVT, INS, SNT]

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

Never prevent me from meeting my training requirements O 1

Rarely prevent me from meeting my training requirementsO 2

Sometimes prevent me from meeting my training requirements

Often prevent me from meeting my training requirements O 4

My job responsibilities... Please select one response only.



[SGPT, IMG, PVT, INS, SNT]

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

Please select one response per row.

{Q14}								
		Stroi Agi	•••	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	SHOW IF SGPT, IMG, PVT, SNT Formal education program	0	5	04	Ο 3	02	01	O 99
2.	Online modules (formal and/or informal)	0	5	04	Ο 3	02	01	O 99
3.	Teaching in the course of patient care (bedside teaching)	0	5	04	Ο 3	02	01	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	0	5	04	03	02	0 1	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	0	5	O 4	03	02	01	O 99
6.	Multidisciplinary meetings	0	5	04	Ο 3	02	01	O 99
7.	Simulation teaching	0	5	O 4	O 3	02	01	O 99
8.	Access to mentoring	0	5	04	O 3	O 2	01	O 99
[SGP1	T, IMG, PVT, INS, SNT]		Exce	llent				05
Q39.	Overall, how would you rate the quality	of	Good					04
	the teaching sessions?		Avera	age				03
	Please select one response only.		Poor					02
{Q38}			Territ	ble				0 1



WORKPLACE ENVIRONMENT AND CULTURE

[SGPT, IMG, PVT, INS, SNT]

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

HOVERTEXT FOR 'SETTING'

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

Please select one response per row.

		Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1.	Reliable internet for training purposes	05	04	03	02	01	O 98	O 99
2.	Educational resources	05	04	03	02	01	O 98	O 99
3.	Working space, such as a desk and computer	O 5	04	Ο 3	02	O 1	O 98	O 99
4.	Teaching spaces	05	04	03	02	O 1	O 98	O 99

[SGPT, IMG, PVT, INS, SNT]

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

HOVERTEXT FOR 'SETTING'

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

Please select one response per row.

{040}						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Most senior medical staff are supportive	05	04	03	02	01
2.	My workplace supports staff wellbeing	05	04	03	02	01
3.	In practice, my workplace supports me to achieve a good work/life balance	O 5	04	O 3	O 2	O 1
4.	There is a positive culture at my workplace	05	04	03	02	01
5.	I have a good work/life balance	05	04	03	02	01
6.	Bullying, harassment and discrimination by anyone is not tolerated at my workplace	O 5	04	Ο 3	O 2	01
7.	Racism is not tolerated at my workplace	05	04	03	02	01
8.	I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	05	04	03	02	01
9.	I am confident that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	05	04	Ο 3	02	O 1



10.	I could access support from my workplace if I experienced stress or a traumatic event	04 03	0 2	01
SGPT	, IMG, PVT, INS, SNT]			
Q42a.	Thinking about your workplace, have you experienced and/or v months? Please select all that apply per column.	vitnessed any of th	ne following in the p	oast 12
	PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT	BOTTOM OF QUI	ESTION	
ww.hu	alian Human Rights Commission (AHRC) (2014) Workplace discriminat umanrights.gov.au/employers/good-practice-good-business-factsheets/ al Discrimination Act https://humanrights.gov.au/quick-guide/12083			<u>d-bullying</u>
		1) Experience	d 2) Wi	tnessed
1	Bullving			
	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	C] 1
	The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual	□ 1] 1] 2
2.	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.* 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			
2.	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.* 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. Discrimination Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their	2] 2

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

[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42a.1=1|2|3|5 OR Q42a.2=1|2|3|5 (Q416_2)

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

Please select all that apply.

{NEVV}		
	1) Experienced	2) Witnessed
1. Senior medical staff (e.g. consultants, specialists)	□ 1	□ 1
 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/administrative staff	□ 5	□ 5
6. Patient and/or patient family/carer	□ 6	□ 6
7. Other	□ 7	□ 7
99. Prefer not to say	O 99	O 99

[SGPT, IMG, PVT, INS, SNT]

SHOW IF Q42b.1=1|2|34|5|7 OR Q42b.2=1|2|3|4|5|7 (Q418_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	O 99	O 99

[SGPT, IMG, PVT, INS, SNT]

SHOW IF Q42c.1=1|2| or Q42c.2=1|2| (Q41C_2)

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

Please select one response {Q41D_2}	Please select one response (Q41D_2)				
	1) Experienced	2) Witnessed			
1. Yes	0 1	O 1			
2. No	0 2	O 2			
3. Prefer not to say	O 99	O 99			

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

3101					
Q42e.	Have you reported it?				
	Please select one response (Q41E_2)				
		1) Experienced	2) Witnessed		
1.	Yes	0 1	O 1		
2.	No	02	O 2		



[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42e.1=2 OR Q42e.2=2 (Q41E_2) Q42i. What prevented you from reporting? Please select all that apply. (NEW)

	1) Experienced	2) Witnessed
1. Lack of processes in place	□ 1	□ 1
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 will be done if I do report it	□ 5	□ 5
6. I feel it is not the accepted practice to report it	□ 6	□ 6
7. Other	□ 7	□ 7
99. Prefer not to say	O 99	O 99

[SGPT, IMG, PVT, INS, SNT]

SHOW IF Q42e.1=1 OR Q42e.2=1 (Q41E_2)

Q42f.	Has the report been followed-up? Please select one response (Q41F_2)		
		1) Experienced	2) Witnessed
1.	Yes	0 1	O 1
2.	No	0 2	02
3.	Unsure	03	O 3

[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42xf.1=1| OR Q42xf.2=1| (NEW)

Q42xq. Are you satisfied with how the report was followed-up?

Q42xg.	Please select one response (NEW)				
		1) Experienced	2) Witnessed		
1.	Yes	O 1	01		
2.	No	02	02		
3.	Unsure	03	O 3		



[SGPT, IMG, PVT, INS, SNT] SHOW IF Q42a.1=1|2|3|5 OR Q42a.2=1|2|3|5

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

Flease select one re	Please select one response (N=W)				
		1) Experienced	2) Witnessed		
1. No effect		0 1	O 1		
2. Minor effect		0 2	O 2		
3. Moderate effect		03	O 3		
4. Major effect		0 4	O 4		
5. Unsure		O 5	O 5		
[SGPT, IMG, PVT, INS, SNT]		S	01		
Q43. If you needed support access support for yo			0 2		
for stress and other padistress)?	sychological Un	sure	03		
{Q42}					

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



[SGPT, IMG, PVT, INS, SNT]

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

HOVERTEXT FOR 'SETTING'

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

Please select one response per row. PROGRAMMER NOTE: SPLIT ACROSS TWO SCREENS

{Q43}					
		Always	Most of the time	Sometimes	Never
1.	The amount of work I am expected to do	04	O 3	O 2	O 1
2.	Having to work paid overtime	04	O 3	O 2	O 1
3.	Having to work unpaid overtime	04	O 3	O 2	O 1
4.	Dealing with patient expectations	04	O 3	O 2	O 1
5.	Dealing with patients' families	04	O 3	O 2	O 1
6.	Expectations of supervisors SHOW IF IMG Expectations of supervisors/peer reviewer	04	O 3	02	01
7.	Supervisor feedback SHOW IF IMG Supervisors/peer reviewer feedback	04	O 3	02	01
8.	Having to relocate for work	04	O 3	O 2	O 1
9.	Being expected to do work that I don't feel confident doing	0 4	03	02	01
10.	Limited access to senior clinicians	04	O 3	O 2	O 1
11.	Lack of appreciation	04	O 3	O 2	O 1
12.	Workplace conflict	0 4	03	02	01
[SGPT	, IMG, PVT, INS, SNT]	Very light			0 1
0.45		Light			0 2
Q45.	How would you rate your workload in your setting?	Moderate			03
	-	Heavy			04
	Please select one response only.	Very heavy			05
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.				



[SGP]	F, IMG, PVT, INS, SNT]	20 hours or less	0 1
-		21 – 30 hours	0 2
Q46.	On average in the past month, how many	21 - 30 hours	0 2
	hours per week have you worked?	<u>31 – 40 hours</u>	03
		<u>41 – 50 hours</u>	04
	HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed	51 – 60 hours	05
	and unclaimed overtime and recall – this does not include undisturbed on-call	61 – 70 hours	06
	Please select one response only.	71 – 80 hours	07
{Q45}	1 2	81 – 90 hours	08
		More than 90 hours	09

[SGPT, IMG, PVT, INS, SNT]

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

{Q46}					
	Always	Most of the time	Sometimes	Never	Not Applicable
1. You get paid for the unrostered overtime	O 4	O 3	O 2	O 1	O 99
2. Working unrostered overtime have a negative impact on your training	O 4	O 3	02	O 1	O 99
3. Working unrostered overtime provide you with more training opportunities	04	03	02	O 1	O 99
 [SGPT, IMG, PVT, INS, SNT] Q63a. Have you accessed, or considered accessing, flexible working arrangement your setting? Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself an your employer. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where least 2 weeks have been completed as of your training. Please select one response only. 	nts in <u>I have</u> <u>I have</u> was un <u>I have</u> arrange arrange <u>Prefer</u> d	have accessed considered acc not to access considered acc hable to access not accessed, a ements not to say	essing flexible	working arrang	gements but O 2 gements but O 3



 [SGPT, IMG, PVT, INS, SNT] 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 patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer. 	Changes in hours of work (for example, reduction in hours worked, changes to start/finish times) 1 Changes in patterns of work (for example, working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts) 2 Changes in location of work (for example, working from home or working from another location) 3 Other 2 Prefer not to say 0 99
Please select all that apply.	
[SGPT, IMG, PVT, INS, SNT] 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. Please select one response only.	Yes, the arrangements I accessed met all of my needs 0 1 The arrangements I accessed met some, but not all, of my needs 0 2 No, the arrangements I accessed did not meet my needs 0 3 Prefer not to say 0 99



ASK IF	 MG, PVT, INS, SNT] G63a=2 OR 3 Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting? 	Flexible working arrangements were not offered The flexible working arrangements offered did not meet r needs Flexible working arrangements are not available in my cu role or on my current rotation	2
	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.	I do not feel comfortable asking for flexible working arrangements in my current setting I feel I am not senior enough to access flexible working arrangements I am currently employed on a short-term contract, or hav employment terms, which do not allow for flexible workin arrangements I didn't have access to information or knowledge to know access flexible working arrangements I didn't feel I had the option to access flexible working arrangements Other Prefer not to say	g □ 6
	Please select all that apply.		0 99



PATIENT SAFETY

[SGPT	, IMG, PVT, INS, SNT]	Excellent				05
Q48.	Q48. In your setting, how would you rate the quality of your training on how to raise	Good				04
		Average				O 3
	concerns about patient safety? Please select one response only.	Poor				02
	Thease select one response only.	Terrible				01
{Q49}	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.					
[SGPT	, IMG, PVT, INS, SNT]					
	 Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements? Please select one response per row. 				th the	
Q49.	following statements?	3,				
Q49.	following statements?		or rotation wl	nere at least 2	? weeks have	been
	following statements? Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace		or rotation wi	nere at least 2 Neither Agree nor Disagree	2 weeks have Disagree	been Strongly Disagree
	following statements? Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace	ce, placement Strongly		Neither Agree nor		Strongly
{Q50}	following statements? Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace completed as part of your training. I know how to report concerns about	ce, placement Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
{Ω50} 1.	following statements? Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace completed as part of your training. I know how to report concerns about patient care and safety There is a culture of proactively dealing	Strongly Agree	Agree O 4	Neither Agree nor Disagree O 3	Disagree O 2	Strongly Disagree
{α50} 1. 2.	following statements? Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace completed as part of your training. I know how to report concerns about patient care and safety There is a culture of proactively dealing with concerns about patient care and safety I am confident to raise concerns about	Strongly Agree	Agree ○ 4 ○ 4	Neither Agree nor Disagree O 3 O 3	Disagree O 2 O 2	Strongly Disagree O 1 O 1



OVERALL SATISFACTION

[SGPT, IMG, PVT, INS, SNT]

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

HOVERTEXT FOR 'SETTING'

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

10(02)						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I would recommend my current training position to other doctors	O 5	O 4	Ο 3	02	O 1
2.	I would recommend my current workplace as a place to train	O 5	04	Ο 3	O 2	01

FUTURE CAREER INTENTIONS

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

[SGPT	, SNT] Do you intend to continue in your specialty	Yes No	0 1 0 2
{Q53a}	training program?	Undecided	<u> </u>
[IMG] Q51b. (Q53b)	Do you intend to continue on a pathway to general or specialist registration? Please select one response only.	Yes – general registration Yes – specialist registration <u>No</u> <u>Unsure</u>	Go to Q54 (Q56) O 1 Go to Q54 (Q56) O 2 Go to Q62a (Q62a) O 3 Go to Q54 (Q56) O 4
[PVT, I Q52.	NS] Do you intend to become a specialist?	Yes No	Go to Q53 (Q55) O 1 Go to Q54 (Q56) O 2
{Q54}		<u>Unsure</u>	Go to Q54 (Q56) O 3
[PVT.	NSI		stralasian Osllana of
•	Q52=1 (Q54=1)	Addiction medicine – The Royal Au Physicians (RACP)	O 01
Q53.	Which specialty are you most interested in pursuing?	Anaesthesia – Australian and New Anaesthetists (ANZCA)	Zealand College of O 02
(055)	Please select one response only.	Dermatology – Australasian College	e of Dermatologists (ACD) O 03
{Q55}		Emergency medicine – Australasian Medicine (ACEM)	n College for Emergency O 04
		General practice – Australian Colleg Medicine (ACRRM)	ge of Rural and Remote O 05



General practice – The Royal Australian College of General Practitioners (RACGP) O 06
Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) O 09
Medical administration – The Royal Australasian College of Medical Administrators (RACMA) 0 10
Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) O 11
Occupational and environmental – The Royal Australasian College of Physicians (RACP) O 12
Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) O 13
Paediatrics and child health – The Royal Australasian College of Physicians (RACP) O 14
Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA) O 15
Palliative medicine – The Royal Australasian College of Physicians (RACP) O 16
Pathology – The Royal College of Pathologists of Australasia (RCPA) O 17
Physician – The Royal Australasian College of Physicians (RACP) 0 18
Psychiatry – The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 0 19
Public health medicine – The Royal Australasian College of Physicians (RACP) O 20
Radiation oncology – The Royal Australian and New ZealandCollege of Radiologists (RANZCR)0 21
Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR) O 22
Rehabilitation medicine – The Royal Australasian College of Physicians (RACP) O 23
Sexual health medicine – The Royal Australasian College of Physicians (RACP) O 24
Sports and exercise medicine – Australasian College of Sportand Exercise Physicians (ACSEP)0 25
Surgery – Royal Australasian College of Surgeons (RACS)O 26
Surgery – Oral and maxillofacial surgery – Royal Australasian College of Dental Surgeons (RACDS) O 27
Unsure O 97



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

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

{Q56}						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have an interest in Aboriginal and Torres Strait Islander health/healthcare	O 5	O 4	Ο 3	O 2	01
2.	I am interested in rural practice	05	04	O 3	02	O 1
3.	I am interested in getting involved in medical research	O 5	04	Ο 3	02	01
4.	I am interested in getting involved in medical teaching	O 5	04	Ο 3	02	01
5.	SHOW IF SGPT OR SNT I am concerned I will not successfully complete my training program to attain Fellowship SHOW IF PVT OR INS AND Q52=1 {054=1} I am concerned about being able to secure a place in my preferred College training program SHOW IF IMG I am concerned I will not successfully meet my pathway requirements	O 5	04	O 3	02	0 1
6.	I am concerned about whether I will be able to secure employment on completion of training SHOW IF IMG I am concerned about whether I will be able to secure employment on completing of the pathway	Ο 5	04	03	02	01
7.	l am considering a future outside of medicine	O 5	04	03	02	01



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.

ISGPT	, IMG, PVT, INS, SNT]		
	,,,,,	Man or male	0 1
Q55.	Do you identify as?	Woman or female	0 2
	Please select one response only.	Non-binary	03
	Gender refers to current gender, which may	Prefer not to say	0 99
	be different to sex recorded at birth and		
	may be different to what is indicated on legal documents		
{Q57}	legal documents		
[SGPT	, IMG, PVT, INS, SNT]	20 to 24	01
Q56.	What is your age?	25 to 29	02
	Please select one response only.	<u>30 to 34</u>	03
{Q58}		<u>35 to 39</u>	04
		40 to 45	05
		45+	06
		Prefer not to say	0 99
[SGPT	, IMG, PVT, INS, SNT]	Yes – Aboriginal	01
Q57.	Do you identify as an Australian Aboriginal	Yes – Torres Strait Islander	02
	and/or Torres Strait Islander person?	Yes – Both Aboriginal and Torres Strait Islander	03
	Please select one response only.	No	04
{Q59}		Prefer not to say	O 99
[SGPT	, IMG, PVT, INS, SNT]	Yes	0 1
		165	<u> </u>
060	Do you identify as a person with a	No	0 2
Q60.	Do you identify as a person with a disability?		
Q60.	disability?	No	0 2
Q60.	disability? Please note, the definition of disability	No	0 2
Q60.	disability? Please note, the definition of disability includes sensory, intellectual, neuro- diverse, physical and mental illness –	No	0 2
Q60.	disability? Please note, the definition of disability includes sensory, intellectual, neuro- diverse, physical and mental illness – where the disability is permanent or is likely	No	0 2
Q60.	disability? Please note, the definition of disability includes sensory, intellectual, neuro- diverse, physical and mental illness –	No	0 2



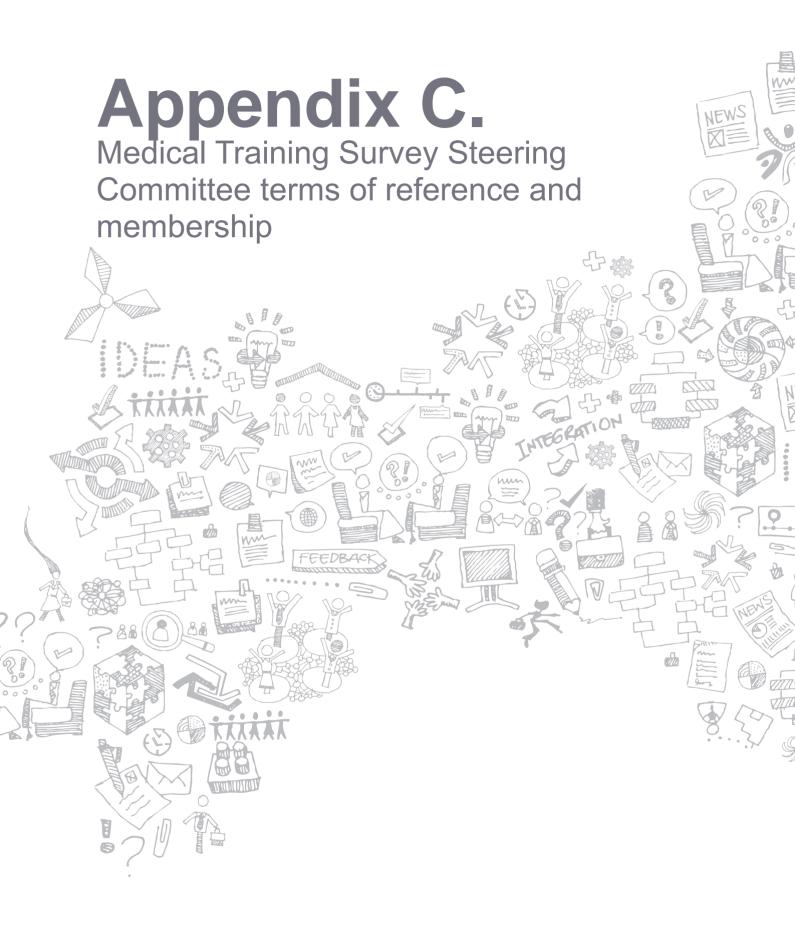
[SGPT, PVT, INS, SNT] Q58a. Did you complete your primary medical degree in Australia or New Zealand? Please select one response only. (P6a) [SGPT, IMG, PVT, INS, SNT] ASK IF Q58a=3 (O6a=3) OR IMG Q59b. In which country did you complete your	□ 1 □ 2 □ 3 □ 4 ○ 5
Q58a. Did you complete your primary medical degree in Australia or New Zealand? Please select one response only. Yes - New Zealand No - Elsewhere (06a) [SGPT, IMG, PVT, INS, SNT] ASK IF Q58a=3 (06a=3) OR IMG PROGRAMMER NOTE: ADD AUTOCOMPLETE DROP	0 99
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	DOWN
primary medical degree?	
Please type in and select.	
{Q6b}	

THAT IS THE END OF THE SURVEY - THANK YOU

The survey has been conducted on behalf of the Medical Board of Australia and Ahpra

As a market and social research company, we comply with the requirements of the Privacy Act.

Should you need to contact Ahpra please call them on 1300 419 495.



C1 Medical Training Survey Steering Committee terms of reference and membership



Terms of reference

Medical Training Survey Steering Committee

Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to leading the delivery of an annual Medical Training Survey (MTS).

The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey assist the Board, Ahpra and other relevant stakeholders to:

- better understand the quality of medical training in Australia
- identify how best to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

Purpose of the Steering Committee

The Board has established the MTS Steering Committee to support the MTS project. The Steering Committee provides oversight of the contents and delivery of the MTS, collection, analysis and publication of the survey data. This includes, but is not limited to, providing advice and recommendations on project processes, stakeholder engagement, publication of findings and if necessary, the procurement of future external providers to administer the MTS.

Terms of Reference

The Steering Committee will:

- 1. review and provide feedback on the MTS project plan as necessary
- 2. provide regular advice, where required, to the Board on the progress of the MTS project
- 3. oversight the MTS project through its annual life cycle from question approval through to publication of results. This includes providing input into the survey tool and recommending taking action if there are delays in delivering elements of the project
- 4. support the project team to manage the risks associated with the project by providing guidance and advice. The Project Manager will alert the Committee of any known risks that are likely to impact on the delivery of project and/or the reputation of the Board and Ahpra. The Committee will regularly review the risk register and recommend possible mitigation strategies
- 5. support the project team by providing timely advice on issues that arise in relation to the survey
- 6. if necessary, inform the request for tender for the contractor who will administer the survey. This includes providing advice on the scope of the services to be contracted for and evaluating

submissions and quotes. Member/s of the Steering Committee may also be asked to participate in the selection process.

- 7. provide advice and recommendations to the project team on stakeholder engagement strategy and communications, including on publishing and disseminating the MTS findings
- 8. consult with the MTS Consultative Forum when necessary
- 9. provide guidance and feedback on the reporting of the results of the survey static reports and interactive dashboard, and
- 10. be alerted and deal with any concerns that arise from the running of survey and/or the results of the survey.

Membership

The Steering Committee is appointed by the Medical Board of Australia and includes:

Chair

Member of the Medical Board of Australia

Members

- Two additional members of the Board a community and a practitioner member
- Executive Officer, Medical
- MTS Project Manager
- Two senior Ahpra staff to represent Regulatory Operations and Information Technology
- Communications Advisor for the Medical Board
- One nominee of the Australian Medical Council
- One nominee of the jurisdictions
- Two nominees of the doctors in training (a nominee of the Australian Medical Association Council
 of Doctors in Training and a nominee of College Trainee Committee

Secretariat services

Secretariat will be provided by Strategy and Policy, Medical.

Meetings and procedures

Frequency of meetings

The Steering Committee will be scheduled as required but are expected to be monthly to two-monthly. The Steering Committee can meet more frequently if necessary.

Meetings can be:

- face-to-face
- via videoconference
- via teleconference

Procedures for meetings

The Chair is to preside at a meeting of the Steering Committee. In the absence of the Chair, one of the other members of the Board will preside at the meeting.

Materials will be provided to members at least two working days prior to day of the meeting, noting that the purpose of the Committee is to make timely decisions to avoid project delays.

A brief report of the meeting will be drafted and circulated to members.

Quorum

A quorum of the Committee is five members.

Reporting

The Steering Committee will report to the Board and Ahpra.

Payment and expenses

The doctor in training will be paid an honorarium for their attendance and related expenses.

Members of the Board will be paid in accordance with the Board members' manual.

Other members will not be paid to attend meetings but travel and accommodation will be funded by the Board and arranged by Ahpra.

Timeframe

The Board will review the role of the Steering Committee and its membership as required.

Name of document	Medical Training Survey Steering Committee Terms of Reference
Version	Version 4
Reviewed	7 February 2022
Approved	23 February 2022
Next review	As required but within 2 years of approval

Medical Board of Australia Medical Training Survey Steering Committee Terms of reference | March 2022



Membership

MBA Medical Training Survey Steering Committee

Members

Chair

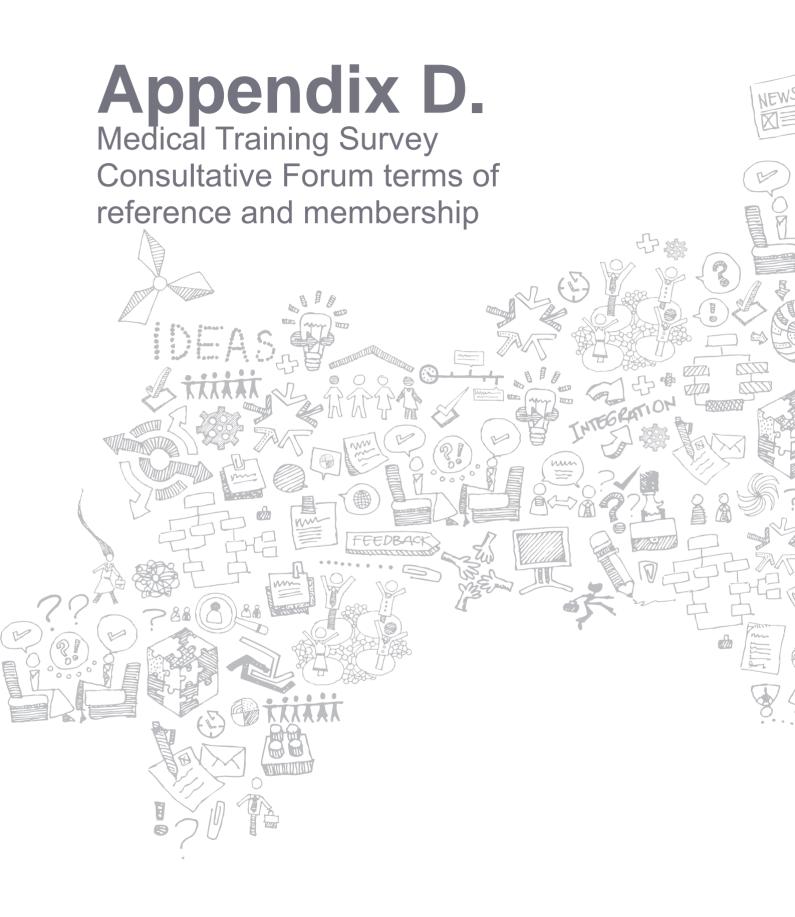
Associate Professor Stephen Adelstein, Medical Board of Australia

Members

Dr Daniel Heredia, Medical Board of Australia Dr Sanjay Hettige, Australian Medical Association Council of Doctors in Training Dr Charles Jenkinson, Australian Medical Association Trainee Chairs Forum Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency Professor Anthony Lawler, Jurisdiction Advisory Committee Ms Saoirse McDonough, Australian Health Practitioner Regulation Agency Ms Nicole Newton, Communications Advisor Ms Bernadette Thomson, Australian Health Practitioner Regulation Agency Ms Kirsty White, Australian Medical Council Ms Michelle Wright, Medical Board of Australia Dr Jo Burnand, Jurisdictional Advisory Committee **Secretariat** Ms Brie Woods, Australian Health Practitioner Regulation Agency

Medical Board of Australia Medical Training Survey Steering Committee

Membership | February 2022 | Confirmed



D1 Medical Training Survey Consultative Forum terms of reference and membership



Terms of reference

Medical Training Survey Consultative Forum

Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to leading the delivery of an annual Medical Training Survey (MTS).

The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey will assist the Board, Ahpra and other relevant stakeholders to:

- better understand the quality of medical training in Australia
- identify how best to improve medical training in Australia, and
- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

Purpose of the Consultative Forum

The Board has established the MTS Consultative Forum to support the MTS project by providing advice and guidance on matters related to the survey and will also act as a consultative forum, providing stakeholder feedback to the Board and communicating with their stakeholders on matters related to the MTS.

Including, but not limited to:

- the survey questions
- stakeholder engagement strategy (including advice and guidance on increasing uptake and usage of results)
- real-life examples of how the results are being used by stakeholders, and
- how to manage adverse results that indicate systemic issues.

The MTS Consultative Forum is also a consultative forum. The members represent most relevant stakeholder groups and it is expected that they will provide feedback to the Board via the Consultative Forum from stakeholders and will communicate with their stakeholders on matters related to the MTS, including on how to increase the response rate and disseminate results.

Terms of Reference

The Consultative Forum will:

- 1. provide advice on:
 - a. survey content
 - b. survey design (including how the questions are presented in the online survey tool)
 - c. presentation of the data in the static reports and on the interactive online data dashboard
 - d. the dissemination and publication of the MTS findings, and
 - e. how to manage adverse results and serious concerns that have arisen from the MTS.
- 2. provide advice and recommendations to the Steering Committee and project team on the stakeholder engagement and communications strategy. This will include having an active role in the promotion of the survey to doctors in training
- 3. support and promote the dissemination the MTS findings to key stakeholders, and
- 4. encourage the use of results by stakeholders

Membership

The Consultative Forum is appointed by the Medical Board of Australia and includes:

Chair

• Chair of the MTS Steering Committee (who is a member of the Board)

Members

At least two additional members of the Steering Committee, one of whom must be a Board member

 A community member that is not a member of the National or State or Territory Boards or Committees

The Board will seek nominations from the following representative organisations:

- One nominee of the Australian Medical Council
- Two nominees of the jurisdictions
- One nominee of the Australian Medical Association
- Three doctors in training, including a nominee of the Australian Medical Association Council of
- Doctors in Training, a nominee from a College Trainee Committee and a nominee of the Australasian Junior Medical Officers' Committee
- One nominee of the Confederation of Postgraduate Medical Education Councils
- Two nominees of the Council of Presidents of Medical Colleges
- One nominee of the Medical Deans Australia and New Zealand
- A representative from a private sector employer
- One nominee of the Australian Indigenous Doctors' Association
- A nominee of the Doctors' Health Services Pty Ltd (DrHS)
- A Director of Clinical Training (or similar position) with expertise in the supervision of doctors in training.

The Board can appoint additional members to the Consultative Forum as required.

Secretariat services

Secretariat will be provided by Strategy and Policy, Medical

Meetings and procedures

Frequency of meetings

The Consultative Forum will be scheduled as required but are expected to be quarterly over the next year of the project. The requirement for meetings will be determined as the project progresses.

Meetings can be:

- face-to-face
- via videoconference
- via teleconference

Procedures for meetings

The Chair is to preside at a meeting of the Consultative Forum. In the absence of the Chair, the other

Board member on the Steering Committee will preside at the meeting.

Materials will be provided to members at least five working days prior to day of the meeting.

A brief report of the meeting will be drafted and circulated to members

Reporting

The Consultative Forum will report to the Board via the Chair of the Steering Committee.

Payment and expenses

The doctors in training and external community member will be paid an honorarium for their attendance and related expenses.

Members of the Board will be paid in accordance with the Board members' manual.

Other members will not be paid to attend meetings but travel and accommodation will be funded by the Board and arranged by Ahpra and funded by the Board.

Timeframe

The Board will review the role of the Consultative Forum and its membership as required.

Name of document	Medical Training Survey Consultative Forum Terms of Reference
Version	Version 4
Reviewed	7 February 2022
Approved	23 February 2022
Next review	As required but within 2 years of approval

Medical Board of Australia Medical Training Survey Consultative Forum

Terms of reference | February 2022

Membership



Consultative Forum Membership

Chair

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

Members

Ms Monica Barolits-McCabe, Australian Indigenous Doctors' Association Dr Claire Blizard, Medical Council of NSW Dr Michael Bonning, Australian Medical Association Professor Stuart Carney, Medical Deans Australia and New Zealand Dr Ava Carter, Confederation of Postgraduate Medical Education Council Dr Jeanette Conley, Australian Private Hospital Association Ms Megan Crawford, Jurisdiction Advisory Committee Ms Sally Cross, Australian Medical Association Ms Jasmine Davis, Australian Medical Students' Association Associate Professor Louis Irving, Australasian Directors of Clinical Training Committee Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency Ms Nicole Newton, Communications Adviser Dr Helen Parsons, Council of Presidents of Medical Colleges Dr Mary Pinder, Council of Presidents of Medical Colleges Ms Kelli Porter, Australian Health Practitioner Regulation Agency Community Advisory Council Dr Helena Qian, Australasian Junior Medical Officers' Committee Dr Greg Sweetman, Jurisdiction Advisory Committee Dr Hannah Szwezcyk, Australian Medical Association Council of Doctors' in Training Ms Theanne Walters, Australian Medical Council Dr Daniel Wilson, Australian Medical Association Council of Doctors' in Training Ms Michelle Wright, Medical Board of Australia Dr John Zorbas, Medical Board of Australia **Secretariat**

Ms Brie Woods, Australian Health Practitioner Regulation Agency

Membership | February 2022 | Confirmed

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



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