

This is a copy of all Specialist Trainees (non-GPs) questions.

Medical Training Survey

We are conducting a survey for the Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (Ahpra).

Survey description

The purpose of the Medical Training Survey (**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 from MTS data will be generated as far as possible, while assuring participant confidentiality. Stakeholders will apply survey results to improve medical training.

This survey is being administered by EY Sweeney on behalf of the MBA and Ahpra.

For access to the EY Sweeney Privacy Policy, visit <http://eysweeney.com.au/contact-us/privacy-policy>.

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Your part in the Medical Training Survey

- Participation in the Medical Training Survey (MTS) is entirely voluntary.
- The online survey takes around 15 minutes to complete and the questions you will be asked are around your experience of medical training in Australia.
- You may withdraw from participating in the survey at any time without providing a reason.

We acknowledge that participation in the survey and reflection on your medical training might cause discomfort or even distress. For this reason, if you do not wish to answer a question, you may skip it and go to the next question.

Privacy information

In completing the MTS, we ask that participants don't provide responses with personal information or information that may reasonably identify an individual. Only members of the EY Sweeney team will have access to individual survey responses and will take steps to de-identify any data that might contain personal information or information that could reasonably re-identify an individual. EY Sweeney will only provide AHPRA with de-identified reports with aggregated survey data.

Any personal data collected will be treated confidentially, and anonymity preserved in reports of survey results.

All data collected will only be used for the purpose of this project.

Information you provide in the survey will be stored and handled securely. EY Sweeney use a third party provider to store data in the cloud hosted in Australia. The third party provider is subject to binding obligations to handle any stored data in accordance with the *Privacy Act 1988* (Cth) and the National Law.

Participants who go to "close" or "save and close" a partially completed survey (or go to "close" before starting), will have the option to request EY Sweeney email them a link to their survey. By providing your email address, you are giving consent for it to be used by EY Sweeney, for the purposes of sending an email with your unique survey link. Your email address will only be used for this purpose.

For access to the EY Sweeney Privacy Policy, click here (<http://eysweeney.com.au/contact-us/privacy-policy>) and MBA/Ahpra Privacy Policy, click here (<https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx>). For any technical problems with this survey, please send an email by selecting the link that appears at the bottom of each page. Non-technical queries about the survey itself can be directed to Ahpra via email at MTS@ahpra.gov.au.

Data management

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

Data will be reported to the MBA and Ahpra in a de-identified and aggregated format, removing any information which might identify you.

All survey data is securely stored in Australia in accordance with The Research Society Code of Professional Behaviour, ISO 20252 – Market and Social Research Standard, AMSRO Privacy (Market and Social Research) Code 2014, Australian Privacy Principles of the Privacy Act 1988 – Privacy Amendment (Private Sector) Act 2000 and ISO 27001-2013 (Certificate for Information Security Management accreditation)

Use and sharing of survey data

Ahpra anticipate using information from the survey to:

- provide organisations with survey result reports, including benchmarking, so they can identify focus areas, develop action plans and improve medical training;
- inform sector-wide strategies and campaigns in response to medical training issues, such as workplace environment and culture, patient safety and poor supervision;
- publicly report on medical training issues; and
- provide stakeholders and the public with data about the quality of medical training.

All reporting will be conducted in a way that protects the identity of individual participants. For example:

- Reports for organisations, or groups within organisations, are only provided when there are 10 or more survey responses and in a de-identified manner.
- Data is provided to stakeholders and the public in accordance with the Acts mentioned above. EY Sweeney will only conduct an analysis or release data to the MBA, Ahpra and key stakeholders when the identity of individuals is protected.
- EY Sweeney does not provide individual survey responses to managers or employers.

Complaints

Should you have any concerns about your rights as a survey participant, or you have a complaint about the manner in which the survey is being conducted, you can contact EY Sweeney as the external provider via phone (1800 983 160) or email medicaltrainingsurvey@au.ey.com.

Point of contact

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

Should you have any complaints or concerns about the manner in which this project is conducted, please do not hesitate to contact the researchers listed above. If you may prefer to contact the membership body for market and social research, The Research Society, on 02 9566 3100 or you can [visit](https://researchsociety.com.au/) <https://researchsociety.com.au/>

If you have any questions regarding the content of the survey, or experience any technical problems with the survey, please send an e-mail to medicaltrainingsurvey@au.ey.com or contact 1800 983 160. This email address can be found at the bottom of each page of the survey.

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.

<p>Q1. What is your postgraduate year? Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">PGY1</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 01</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY2</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 02</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY3</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 03</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY4</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 04</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY5</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 05</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY6</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 06</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY7</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 07</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY8</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 08</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY9</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 09</td></tr> <tr><td style="border-bottom: 1px solid black;">PGY≥10</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 10</td></tr> </table>	PGY1	<input type="radio"/> 01	PGY2	<input type="radio"/> 02	PGY3	<input type="radio"/> 03	PGY4	<input type="radio"/> 04	PGY5	<input type="radio"/> 05	PGY6	<input type="radio"/> 06	PGY7	<input type="radio"/> 07	PGY8	<input type="radio"/> 08	PGY9	<input type="radio"/> 09	PGY≥10	<input type="radio"/> 10
PGY1	<input type="radio"/> 01																				
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PGY8	<input type="radio"/> 08																				
PGY9	<input type="radio"/> 09																				
PGY≥10	<input type="radio"/> 10																				

<p>Q2. Are you employed: Please select one response only.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Full time</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Part time</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Casually</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">On leave for most of your current rotation</td><td style="text-align: right; border-bottom: 1px solid black;">TERMINATE 1</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 99</td></tr> </table>	Full time	<input type="radio"/> 1	Part time	<input type="radio"/> 2	Casually	<input type="radio"/> 3	On leave for most of your current rotation	TERMINATE 1		<input type="radio"/> 99
Full time	<input type="radio"/> 1										
Part time	<input type="radio"/> 2										
Casually	<input type="radio"/> 3										
On leave for most of your current rotation	TERMINATE 1										
	<input type="radio"/> 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 that 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.

<p>Q3. Are you in a college training program?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes [CONTINUE]</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">No [GO TO Prevocational and Unaccredited Trainee survey]</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> </table>	Yes [CONTINUE]	<input type="radio"/> 1	No [GO TO Prevocational and Unaccredited Trainee survey]	<input type="radio"/> 2
Yes [CONTINUE]	<input type="radio"/> 1				
No [GO TO Prevocational and Unaccredited Trainee survey]	<input type="radio"/> 2				

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

<p>Q4. In which state or territory is your current term/rotation/placement based?</p> <p><i>If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.</i></p> <p>Please select one response only.</p>	ACT	<input type="radio"/> 01
	NSW	<input type="radio"/> 02
	NT	<input type="radio"/> 03
	QLD	<input type="radio"/> 04
	SA	<input type="radio"/> 05
	Tas.	<input type="radio"/> 06
	Vic.	<input type="radio"/> 07
	WA	<input type="radio"/> 08
	Outside Australia	TERMINATE 2 <input type="radio"/> 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.

<p>Q5a. Is your current term/rotation/placement in a hospital?</p> <p><i>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.</i></p>	Yes	<input type="radio"/> 1
	No	<input type="radio"/> 2

<p>ASK IF Q5a=1</p>	<p>PIPE RESPONSES BY FROM STATE LIST Q4 <input type="radio"/> 01</p>
<p>Q5b. Which hospital do you work at? If you work at more than one hospital, select where you spend most time.</p> <p><i>If you have only been practising or training in your current hospital for less than two weeks, please consider your previous hospital.</i></p> <p>Please type in and select.</p>	<input type="radio"/> 02
	<input type="radio"/> 03
	<input type="radio"/> 04
	<input type="radio"/> 05
	<input type="radio"/> 06
	Other <input type="radio"/> 97
	Do not wish to specify <input type="radio"/> 98

<p>ASK IF Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE</p> <p>Q6. Is your current setting in a...?</p> <p>Please select one response only.</p> <p>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.</p>	<p>Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra) <input type="radio"/> 1</p> <p>Regional area (e.g. within or less than 15km from a town with a population of at least 15,000 that is not a capital city) <input type="radio"/> 2</p> <p>Rural area (e.g. more than 15km from the closest town with a population of at least 15,000) <input type="radio"/> 3</p> <p>Do not wish to specify <input type="radio"/> 99</p>
<p>Q7. What is your role in the setting?</p> <p>Please select one response only.</p> <p>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.</p>	<p>Resident Medical Officer / Hospital Medical Officer <input type="radio"/> 1</p> <p>Principal House Officer <input type="radio"/> 2</p> <p>Career Medical Officer <input type="radio"/> 3</p> <p>Registrar <input type="radio"/> 4</p> <p>Unaccredited Registrar <input type="radio"/> 5</p> <p>Other <input type="radio"/> 97</p>

Q8a. Which area are you currently practising in?
If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.

Please select one response only.

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

ASK IF Q8a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23

Q8b. If applicable, which subspecialty area are you practising in?

Please select one response only.

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

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

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

COI

TRAINING CURRICULUM

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

<p>Q9. Which specialist training program(s) are you doing?</p> <p>Please select all that apply, up to a maximum of two.</p> <p>PROGRAMMER NOTE: CREATE HIDDEN VARIABLE [COLLEGE] FOR PIPING, ROTATE TEXT AFTER THE EM DASH, REMOVE ANY "THE" PREFIXES</p>	<p>Addiction medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 01</p> <p>Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA) <input type="checkbox"/> 02</p> <p>Dermatology – The Australasian College of Dermatologists (ACD) <input type="checkbox"/> 03</p> <p>Emergency medicine – Australasian College for Emergency Medicine (ACEM) <input type="checkbox"/> 04</p> <p>General practice – Australian College of Rural and Remote Medicine (ACRRM) <input type="checkbox"/> 05</p> <p>[GO TO Specialist GP Trainee survey] <input type="checkbox"/> 05</p> <p>General practice – The Royal Australian College of General Practitioners (RACGP) <input type="checkbox"/> 06</p> <p>[GO TO Specialist GP Trainee survey] <input type="checkbox"/> 06</p> <p>Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM) <input type="checkbox"/> 09</p> <p>Medical administration – The Royal Australasian College of Medical Administrators (RACMA) <input type="checkbox"/> 10</p> <p>Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) <input type="checkbox"/> 11</p> <p>Occupational and environmental medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 12</p> <p>Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) <input type="checkbox"/> 13</p> <p>Paediatrics and child health – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 14</p> <p>Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA) <input type="checkbox"/> 15</p> <p>Palliative medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 16</p> <p>Pathology – The Royal College of Pathologists of Australasia (RCPA) <input type="checkbox"/> 17</p> <p>Physician – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 18</p> <p>Psychiatry – The Royal Australian and New Zealand College of Psychiatrists (RANZCP) <input type="checkbox"/> 19</p> <p>Public health medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 20</p> <p>Radiation oncology – The Royal Australian and New Zealand College of Radiologists (RANZCR) <input type="checkbox"/> 21</p> <p>Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR) <input type="checkbox"/> 22</p> <p>Rehabilitation medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 23</p> <p>Sexual health medicine – The Royal Australasian College of Physicians (RACP) <input type="checkbox"/> 24</p> <p>Sports and exercise medicine – Australasian College of Sport and Exercise Physicians (ACSEP) <input type="checkbox"/> 25</p> <p>Surgery – Royal Australasian College of Surgeons (RACS) <input type="checkbox"/> 26</p>
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Surgery – Oral and maxillofacial surgery – Royal Australasian
College of Dental Surgeons (**RACDS**) 27

ASK FOR EACH COLLEGE IN Q9

Q10. How many years have you been in the
[INSERT COLLEGE SELECTED] training
program?

Please select one response only.

- | | |
|--------------|--------------------------|
| 1 or less | <input type="radio"/> 01 |
| 2 | <input type="radio"/> 02 |
| 3 | <input type="radio"/> 03 |
| 4 | <input type="radio"/> 04 |
| 5 | <input type="radio"/> 05 |
| 6 | <input type="radio"/> 06 |
| 7 | <input type="radio"/> 07 |
| 8 | <input type="radio"/> 08 |
| 9 | <input type="radio"/> 09 |
| More than 10 | <input type="radio"/> 10 |
| Don't know | <input type="radio"/> 11 |

The following questions relate to **[INSERT COLLEGE FROM Q9]**.

Q11. Thinking about your **[INSERT COLLEGE FROM Q9]** 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	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2. There are opportunities to meet the requirements of the training program in my current setting	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3. I understand what I need to do to meet my training program requirements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

Q12. Thinking about how **[INSERT COLLEGE FROM Q9] communicates** with you about your training program, to what extent do you agree or disagree with the following statements?

Please select one response per row.

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

Q13a. In the last 12 months, have you sat one or more exams from...?

Please select one response per row.

	Yes	No
1. PIPE [College]	<input type="radio"/> 1	<input type="radio"/> 2

ASK IF Q13aX=1

Q13b. Have you received the results of your most recent exam from...?

Please select one response per row.

	Yes	No
1. PIPE [College]	<input type="radio"/> 1	<input type="radio"/> 2

ASK IF Q13bX=1

Q13c. Did you pass the exam for...?

Please select one response per row.

	Yes	No	Prefer not to say
1. PIPE [College]	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 99

ASK IF Q13a=1

Q14. Thinking about all your **[INSERT COLLEGE FROM Q9] 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.

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

Q15. Thinking about how **[INSERT COLLEGE FROM Q9] 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	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. I am represented by doctors in training on the College's training and/or education committees	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. I am able to discuss the College training program with other doctors	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. The College provides me with access to psychological and/or mental health support services	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

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

ORIENTATION

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

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.

<p>Q16a. Did you receive an orientation to your setting? HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<p>Yes, a formal orientation <input type="radio"/> 1</p> <p>Yes, but it was largely informal <input type="radio"/> 2</p> <p>No <input type="radio"/> 3 Go to Q17</p>
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<p>ASK IF Q16a=1 OR 2</p> <p>Q16b. How would you rate the quality of your orientation? Please select one response only.</p>	<p>Excellent <input type="radio"/> 5</p> <p>Good <input type="radio"/> 4</p> <p>Average <input type="radio"/> 3</p> <p>Poor <input type="radio"/> 2</p> <p>Terrible <input type="radio"/> 1</p>
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CLINICAL SUPERVISION

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

<p>Q17. In your setting, who mainly provides your day-to-day clinical supervision? Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</p>	<p>Specialist (including specialist GP) <input type="radio"/> 1</p> <p>Registrar <input type="radio"/> 2</p> <p>Other doctor <input type="radio"/> 3</p> <p>Nurse <input type="radio"/> 4</p> <p>Other <input type="radio"/> 5</p> <p>I don't have a clinical supervisor <input type="radio"/> 6 Go to Q21</p>
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ASK IF Q17=1 TO 5

Q18. To what extent do you agree or disagree with the following statements?

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

Please select one response per row.

HOVERTEXT FOR 'SETTING'

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

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I am able to contact other senior medical staff IN HOURS if I am concerned about a patient	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2.	I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

COPY

ASK IF Q17=1 TO 5

Q19. 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'.

In your setting, how would you rate the quality of your overall clinical supervision 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
1. Helpfulness	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. Accessibility	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. Regular, INFORMAL feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. Regular, FORMAL feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. Usefulness of feedback	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. Discussions about my goals and learning objectives	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. Meeting your training plan/pathway requirements	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Including opportunities to develop your skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Allowing for an appropriate level of responsibility	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Ensuring that you only perform work that you are ready for or have the experience to address	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

ASK IF Q17=1 TO 5 Q20. For your setting, how would you rate the quality of your clinical supervision? Please select one response only. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Excellent <input type="radio"/> 5 Good <input type="radio"/> 4 Average <input type="radio"/> 3 Poor <input type="radio"/> 2 Terrible <input type="radio"/> 1
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Q21. Has your performance been assessed in your setting? HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.	Yes <input type="radio"/> 1 No – but this is scheduled <input type="radio"/> 2 No – but I would like to be <input type="radio"/> 3 No – it's not necessary <input type="radio"/> 4 Unsure <input type="radio"/> 5
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ACCESS TO TEACHING

Q22. Thinking about the development of your skills , to what extent do you agree or disagree with the following statements? In my setting... Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.							
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	There is a range of opportunities to develop my clinical skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2.	There is a range of opportunities to develop my procedural skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3.	There is a range of opportunities to develop my non-clinical skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
4.	I can access the opportunities available to me	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
5.	I have to compete with other doctors for access to opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
6.	I have to compete with other health professionals for access to opportunities	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

Q23. 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.

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

Q24. 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	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2.	Clinical skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3.	Procedural skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4.	Ethics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5.	Leadership and management	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6.	Communication	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7.	Cultural safety	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8.	Research	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Q25. Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?

Please select one response only.

My job responsibilities never prevent me from meeting my training requirements 1

My job responsibilities rarely prevent me from meeting my training requirements 2

My job responsibilities sometimes prevent me from meeting my training requirements 3

My job responsibilities often prevent me from meeting my training requirements 4

Q26. Which of the following educational opportunities are available to you in your current 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.

	Yes	No	Unsure
1. Formal education program	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Online modules (formal and/or informal)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Teaching in the course of patient care (bedside teaching)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. <u>Team or unit based activities</u> HOVERTEXT Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Multidisciplinary meetings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Simulation teaching	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Q27. 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.

PROGRAMMER NOTE: SHOW Q26 RESPONSES Q26CX=1, SKIP IF NO Q26CX=1

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Formal education program	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. Online modules (formal and/or informal)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. Teaching in the course of patient care (bedside teaching)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. <u>Team or unit based activities</u> HOVERTEXT Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. Multidisciplinary meetings	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. Simulation teaching	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

<p>Q28. Overall, how would you rate the quality of the teaching sessions?</p> <p>Please select one response only.</p>	Excellent	<input type="radio"/> 5
	Good	<input type="radio"/> 4
	Average	<input type="radio"/> 3
	Poor	<input type="radio"/> 2
	Terrible	<input type="radio"/> 1

WORKPLACE ENVIRONMENT AND CULTURE

Q29. 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	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
2.	Educational resources	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
3.	Working space, such as a desk and computer	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99
4.	Teaching spaces	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 98	<input type="radio"/> 99

Q30. 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.

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

Q31a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?

Please select all that apply per column.

PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

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

	1) Experienced	2) Witnessed
1. Bullying <i>The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety. *</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Harassment <i>Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Discrimination <i>Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their race, religion, gender or sexual orientation.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 3
98. None of the above	<input type="radio"/> 98	<input type="radio"/> 98

SHOW IF Q31xa.1=1|2|3 OR Q31xa.2=1|2|3

Q31b. Who was responsible for the bullying, harassment and/or discrimination (including racism) that you experienced/witnessed...

Please select all that apply.

	1) Experienced	2) Witnessed
1. Senior medical staff (e.g. consultants, specialists)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Medical colleague (e.g. registrar or other doctors in training)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Nurse or midwife	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Other health practitioner	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Hospital management/administrative staff	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Patient and/or patient family/carer	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7
99. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q31xb.1=1|2|3|4|5|7 OR Q31xb.2=1|2|3|4|5|7

Q31c. The person(s) responsible was...
Please select all that apply.

	1) Experienced	2) Witnessed
1. In my team	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. In my department but not in my team	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. From another department	<input type="checkbox"/> 3	<input type="checkbox"/> 3
99. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q31xc.1=1|2|3 OR Q31xc.2=1|2|3

Q31d. Was the person(s) one of your supervisors?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2
3. Prefer not to say	<input type="radio"/> 99	<input type="radio"/> 99

SHOW IF Q31xa.1=1|2|3 OR Q31xa.2=1|2|3

Q31e. Have you reported it?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2

SHOW IF Q31xe.1=1 OR Q31xe.2=1

Q31f. Has the report been followed-up?
Please select one response

	1) Experienced	2) Witnessed
1. Yes	<input type="radio"/> 1	<input type="radio"/> 1
2. No	<input type="radio"/> 2	<input type="radio"/> 2
3. Unsure	<input type="radio"/> 3	<input type="radio"/> 3

WORKPLACE ENVIRONMENT AND CULTURE

Q32. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?

PROGRAMMER NOTE: SHOW AT BOTTOM OF QUESTION

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

- Yes 1
- No 2
- Unsure 3

Q33. 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

	Always	Most of the time	Sometimes	Never
01. The amount of work I am expected to do	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
02. Having to work paid overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
03. Having to work unpaid overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
04. Dealing with patient expectations	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
05. Dealing with patients' families	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
06. Expectations of supervisors	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
07. Supervisor feedback	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
08. Having to relocate for work	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
09. Being expected to do work that I don't feel confident doing	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Limited access to senior clinicians	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Lack of appreciation	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Workplace conflict	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

<p>Q34. How would you rate your workload in your setting?</p> <p>Please select one response only.</p> <p>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.</p>	Very light	<input type="radio"/> 1
	Light	<input type="radio"/> 2
	Moderate	<input type="radio"/> 3
	Heavy	<input type="radio"/> 4
	Very heavy	<input type="radio"/> 5

<p>Q35. On average in the past month, how many hours per week have you worked?</p> <p>HOVERTEXT FOR 'PER WEEK' This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call Please select one response only.</p>	20 hours or less	<input type="radio"/> 1
	21 – 30 hours	<input type="radio"/> 2
	31 – 40 hours	<input type="radio"/> 3
	41 – 50 hours	<input type="radio"/> 4
	51 – 60 hours	<input type="radio"/> 5
	61 – 70 hours	<input type="radio"/> 6
	71 – 80 hours	<input type="radio"/> 7
	81 – 90 hours	<input type="radio"/> 8
	More than 90 hours	<input type="radio"/> 9

<p>Q36. For any unrostered overtime you have completed in the past, how often did...? Please select one response per row.</p>						
		Always	Most of the time	Sometimes	Never	Not Applicable
1.	You get paid for the unrostered overtime	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
2.	Working unrostered overtime have a negative impact on your training	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99
3.	Working unrostered overtime provide you with more training opportunities	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 99

PATIENT SAFETY

<p>Q37. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety? Please select one response only.</p> <p>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.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Excellent</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 5</td></tr> <tr><td style="border-bottom: 1px solid black;">Good</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">Average</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">Poor</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Terrible</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> </table>	Excellent	<input type="radio"/> 5	Good	<input type="radio"/> 4	Average	<input type="radio"/> 3	Poor	<input type="radio"/> 2	Terrible	<input type="radio"/> 1
Excellent	<input type="radio"/> 5										
Good	<input type="radio"/> 4										
Average	<input type="radio"/> 3										
Poor	<input type="radio"/> 2										
Terrible	<input type="radio"/> 1										

Q38. Thinking about **patient care and safety** in your setting, to what extent do you agree or disagree with the following statements?
Please select one response per row.

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

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I know how to report concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. There is a culture of proactively dealing with concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. I am confident to raise concerns about patient care and safety	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

OVERALL SATISFACTION

Q39. Thinking about your setting, to what extent do you agree or disagree with the following statements?
Please select one response per row.

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

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I would recommend my current training position to other doctors	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. I would recommend my current workplace as a place to train	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

FUTURE CAREER INTENTIONS

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

Q40a. Do you intend to continue in your specialty training program?	Yes <input type="radio"/> 1
	No <input type="radio"/> 2
	Undecided <input type="radio"/> 3

Q41. Thinking about your future career, to what extent do you agree or disagree with the following statements? Please select one response per row.					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I have an interest in Aboriginal and Torres Strait Islander health/healthcare	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. I am interested in rural practice	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. I am interested in getting involved in medical research	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. I am interested in getting involved in medical teaching	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. I am concerned I will not successfully complete my training program to attain Fellowship	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. I am concerned about whether I will be able to secure employment on completion of training	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

COVID-19

2020 has been an unprecedented year due to COVID-19. We would like to know if and how, COVID-19 may have impacted your medical education and training....

Q42. How has COVID-19 impacted your training and education?

Please select all that apply

- Delayed entry onto my preferred training program because the College entry exams were deferred 01
- Delayed entry onto my preferred training program because selection processes have been disrupted 02
- Delayed the completion of my training program because the College exams were deferred 03
- Disrupted my preparation time for examinations/assessments because of unconfirmed exam/assessment date(s) 04
- Delayed the completion of my training program because COVID-19 impacted my training requirements 05
- Disrupted routine teaching 06
- Provided more training opportunities 07
- Reduced the number of training opportunities 08
- Increased research opportunities (which are required for progressing my training) 09
- Decreased research opportunities (which are required for progressing my training) 10
- Provided innovative ways to learn (e.g. virtual educational sessions) 11
- Created uncertainty for the remainder of my training year 12
- Caused financial stress that has impacted my training (e.g. unable to pay for exams/courses) 13
- Made me re-consider my preferred specialty 14
- Other 97
- It hasn't 98
- Unsure 99

Q43. Upon reflection, overall the impacts of COVID-19 on my training have been...
Please select one response only.

- Positive 1
- Negative 2
- A mixture of positive and negative 3
- I don't know yet 99
- None of the above 98

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.

Q44. Do you identify as...? Please select one response only.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Male</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Female</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Intersex/Indeterminate</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 99</td></tr> </table>	Male	<input type="radio"/> 1	Female	<input type="radio"/> 2	Intersex/Indeterminate	<input type="radio"/> 3	Prefer not to say	<input type="radio"/> 99						
Male	<input type="radio"/> 1														
Female	<input type="radio"/> 2														
Intersex/Indeterminate	<input type="radio"/> 3														
Prefer not to say	<input type="radio"/> 99														
Q45. What is your age? Please select one response only.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">20 to 24</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">25 to 29</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">30 to 34</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">35 to 39</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">40 to 45</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 5</td></tr> <tr><td style="border-bottom: 1px solid black;">45+</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 6</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 99</td></tr> </table>	20 to 24	<input type="radio"/> 1	25 to 29	<input type="radio"/> 2	30 to 34	<input type="radio"/> 3	35 to 39	<input type="radio"/> 4	40 to 45	<input type="radio"/> 5	45+	<input type="radio"/> 6	Prefer not to say	<input type="radio"/> 99
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45+	<input type="radio"/> 6														
Prefer not to say	<input type="radio"/> 99														
Q46. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? Please select one response only.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes – Aboriginal</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Yes – Torres Strait Islander</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">Yes – Both Aboriginal and Torres Strait Islander</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> <tr><td style="border-bottom: 1px solid black;">No</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 4</td></tr> <tr><td style="border-bottom: 1px solid black;">Prefer not to say</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 99</td></tr> </table>	Yes – Aboriginal	<input type="radio"/> 1	Yes – Torres Strait Islander	<input type="radio"/> 2	Yes – Both Aboriginal and Torres Strait Islander	<input type="radio"/> 3	No	<input type="radio"/> 4	Prefer not to say	<input type="radio"/> 99				
Yes – Aboriginal	<input type="radio"/> 1														
Yes – Torres Strait Islander	<input type="radio"/> 2														
Yes – Both Aboriginal and Torres Strait Islander	<input type="radio"/> 3														
No	<input type="radio"/> 4														
Prefer not to say	<input type="radio"/> 99														
Q47a. Did you complete your primary medical degree in Australia or New Zealand? Please select one response only.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes - Australia</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 1</td></tr> <tr><td style="border-bottom: 1px solid black;">Yes - New Zealand</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 2</td></tr> <tr><td style="border-bottom: 1px solid black;">No - Elsewhere</td><td style="text-align: right; border-bottom: 1px solid black;"><input type="radio"/> 3</td></tr> </table>	Yes - Australia	<input type="radio"/> 1	Yes - New Zealand	<input type="radio"/> 2	No - Elsewhere	<input type="radio"/> 3								
Yes - Australia	<input type="radio"/> 1														
Yes - New Zealand	<input type="radio"/> 2														
No - Elsewhere	<input type="radio"/> 3														
ASK IF Q47a=3 Q47b. In which country did you complete your primary medical degree? Please type in and select.	<div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <p>PROGRAMMER NOTE: ADD AUTOCOMPLETE DROP DOWN</p>														

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.