

This is a copy of all Doctor in Training 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



Medical Training Survey – Main Survey Introduction

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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.

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DEMOGRAPHICS

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

Q1.	What is your postgraduate year? Please select one response only.	PGY1	O 01
{Q1}	PGY2	O 02	
		PGY3	O 03
		PGY4	0 04
		PGY5	O 05
	PGY6	0 06	
	PGY7	0 07	
		PGY8	O 08
		PGY9	O 09
		PGY≥10	0 10

Q2.	Are you employed:	Full time Part time Convelly	0 1
{Q61}	Please select one response only.		0 2
		Casually On leave for most of your current rotation	O 3 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.

Q3.	Are you in a college training program?	Yes	01
{Q3}		No	02

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



Q4.	In which state or territory is your current term/rotation/placement based?	ACT	0 01
		NSW	O 02
	If you have only been practising or training	<u>NT</u>	O 03
	in your current state or territory for less than two weeks, please select the state or	QLD	O 04
	territory for your previous setting. Please select one response only.	SA	O 05
{Q2}		Tas.	O 06
(~~)		Vic.	O 07
		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.

Q5a.	Is your current term/rotation/placement predominantly in a hospital?	Yes No	0 1 0 2
	Is your current position in a hospital? If you have only been practising or training in your current term/rotation/position or		
{Q8a}	placement for less than two weeks, please consider your previous setting.		
ASK I	F Q5a=1 {Q8a=1}		
		PIPE RESPONSES BY FROM STATE LIST Q4{Q2}	0 01
Q5b.		PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 01 O 02
Q5b.	Which hospital do you work at? If you work at more than one hospital,	PIPE RESPONSES BY FROM STATE LIST Q4{Q2}	
Q5b.	Which hospital do you work at?	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	0 02
Q5b.	Which hospital do you work at? If you work at more than one hospital,	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 02 O 03
Q5b.	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
Q5b.	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	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	 0 02 0 03 0 04 0 05
Q5b.	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		 0 02 0 03 0 04 0 05 0 06



	- Q5a=1 (Q8a)	Aboriginal and Torres Strait Islander health service	□ 01
Q5c.	Select any additional settings you work in.	Aged care facility	□ 02
This gu	uestion refers to your additional clinical	Community health service	□ 03
settings/workplace, not your role/rotation/position.		Correctional services	□ 04
	F Q5a=2 (Q8a)	General practice clinic	□ 05
Q5c.	Which settings do you work in?	Other	□ 97
	. .	Not applicable	O <u>98</u>
{Q5c}	Please select all that apply HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.		
	Q5a=2 OR Q5b=97 OR Q5b=98 ELSE		
ASKIP	PIPE FROM DATABASE {Q8a=2 Q8b=97 98}	Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	01
Q6.	Is your current setting in a?	Regional area (e.g. within or less than 15km from a town population of at least 15,000 that is not a capital city)	<u>with a</u> 0_2
	Please select one response only.	Rural area (e.g. more than 15km from the closest town wi population of at least 15,000)	i <u>th a</u> O 3
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent		0 99
{Q62}	workplace, placement or rotation where at least 2 weeks have been completed as part of your training.		
Q7.	What is your role in the patting?		
	What is your role in the setting?	Intern	01
	Please select one response only.	Resident Medical Officer / Hospital Medical Officer	02
	HOVERTEXT FOR 'SETTING'	Principal House Officer	04
	Setting is the current or most recent	Career Medical Officer	06
	workplace, placement or rotation where at least 2 weeks have been completed as part	Registrar	07
	of your training.	Specialist	08
{Q4}		Unaccredited Registrar	09
		Other (097
ASK IF	= Q7=6 {Q4=6}		
		Yes	01
Q8.	Do you intend to undertake further postgraduate training in medicine?	No	02
{Q5}			

TERMINATE 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.

Q9a.	Which area are you currently practising in?	Addiction medicine	O 01
Q3a.	which area are you currently practising in:	Anaesthesia	0 02
	Please select one response only.	Dermatology	O 03
{Q7}		Emergency medicine	O 04
	If you have only been practising or training in your current area for less than two	General practice	O 05
	weeks, please select the area for your	Intensive care medicine	O 06
	previous setting.	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	0 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	O 21
		Sport and exercise medicine	O 22
		Surgery	O 23
		Other	O 97



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

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

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

Please select one response only.

{Q7b}

	•
Emergency Medicine	[04]
Paediatric emergency medicine	O 12
Not applicable	O 98
Prefer not to say	
Intensive care medicine	
Paediatric intensive care	O 01
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	O 10
Paediatric clinical pharmacology	O 11
Paediatric emergency medicine	O 12
Paediatric endocrinology	O 13
Paediatric gastroenterology and hepatology	O 14
Paediatric haematology	O 15
Paediatric immunology and allergy	O 16
Paediatric infectious diseases	O 17
Paediatric intensive care medicine	O 18
Paediatric medical oncology	O 19
Paediatric nephrology	O 20
Paediatric neurology	O 21
Paediatric nuclear medicine	O 22
Paediatric palliative medicine	O 23
Paediatric rehabilitation medicine	O 24
Paediatric respiratory and sleep medicine	O 25
Paediatric rheumatology	O 26
Not applicable	O 98
Prefer not to say	O 99
1	



	_
Pathology	[14]
General pathology	O 27
Anatomical pathology (including cytopathology)	O 28
Chemical pathology	O 29
Haematology	O 30
Immunology	O 31
Microbiology	0 32
Forensic pathology	O 33
Not applicable	O 98
Prefer not to say	
Physician Adult medicine	
General medicine	0 34
Cardiology	O 35
Clinical genetics	O 36
Clinical pharmacology	0 37
Endocrinology	O 38
Gastroenterology and hepatology	O 39
Geriatric medicine	O 40
Haematology	O 41
Immunology and allergy	O 42
Infectious diseases	O 43
Medical oncology	O 44
Nephrology	O 45
Neurology	O 46
Nuclear medicine	O 47
Respiratory and sleep medicine	O 48
Rheumatology	O 49
Not applicable	O 98
Prefer not to say	O 99



	•
Radiology	[19]
Diagnostic radiology	0 02
Diagnostic ultrasound	O 03
Nuclear medicine	O 04
Not applicable	O 98
Prefer not to say	O 99
Surgery	[23]
General surgery	O 50
Orthopaedic surgery	O 51
Cardio-thoracic surgery	0 52
Neurosurgery	O 53
Otolaryngology – head and neck surgery	
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



TRAINING CURRICULUM

0.40		1 or less	O 01
Q10.	How many years have you held registration in Australia?	2	0 02
		3	O 03
	Please select one response only.	4	0 04
{Q9}		5	O 05
		6	0 06
		7	0 07
		8	O 08
		9	0 09
		<u>10 or more</u>	0 10
Q11a.	Which pathway are you in?	Specialist and competent authority pathway Go to Q11b (Q10b)	O 01
		Specialist pathway Go to Q11b (Q10b)	0 02
{Q10a}	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

O 97

O 99



ASK IF Q11a=1 OR 2 (Q10a=1 2)		Australasian College for Emergency Medicine (ACEM)	□ 01
Q11b.	Which college(s) did your specialist	The Australasian College of Dermatologists (ACD)	□ 02
	pathway assessment?	Australasian College of Sport and Exercise Physicians (ACSEP)
	Please select all that apply, up to a maximum of two.	Australian and New Zealand College of Anaesthetists (A	
{Q10b}		Australian College of Rural and Remote Medicine (ACR	RM) □ 05
		College of Intensive Care Medicine of Australia and New Zealand (CICM)	<u>/</u> □ 06
		Royal Australasian College of Dental Surgeons (RACDS	6) □ 07
		The Royal Australasian College of Medical Administrato (RACMA)	rs □ 08
		The Royal Australasian College of Physicians (RACP)	□ 09
		Royal Australasian College of Surgeons (RACS)	□ 10
		The Royal Australian and New Zealand College of Obstead and Gynaecologists (RANZCOG)	etricians
		The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	□ 12
		The Royal Australian and New Zealand College of Psych (RANZCP)	hiatrists □ 13
		The Royal Australian and New Zealand College of Radio (RANZCR)	ologists □ 14
		The Royal Australian College of General Practitioners (F	RACGP)
		The Royal College of Pathologists of Australasia (RCPA	<u>)□ 16</u>
		Prefer not to say	□ 97
		Unsure	O 99
Q12.		Yes Go to Q13 (Q12)	01
	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?	No Go to Q14 (Q13)	02
	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		



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

{Q11}

ASK IF Q12=1 {Q11=1}

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

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.

{Q12}

100125						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	My intern education program / plan is helping me to continue to develop as a doctor	05	O 4	Ο 3	02	O 1
2.	There are opportunities for me to meet the requirements of my intern education program <i>I</i> plan in my current setting	05	O 4	03	02	O 1
3.	I understand what I need to do to meet my intern education program / plan requirements	05	O 4	Ο 3	O 2	O 1
4.	My plan is preparing me to be a doctor/specialist in the Australian healthcare system	05	O 4	03	02	O 1
5.	My intern education program / plan is preparing me for future medical practice	05	O 4	03	O 2	O 1
6.	My intern education program / plan is advancing my knowledge	05	04	03	02	O 1



		Addiction medicine – The Royal Australasian College of				
Q14.	Which specialist training program(s) are	Physicians (RACP)				
	you doing?	Anaesthesia – Australian and New Zealand College of Anaesthetists (ANZCA) 02				
	Please select all that apply, up to a maximum of two.	Dermatology – The Australasian College of Dermatologists (ACD) 03				
	PROGRAMMER NOTE:	Emergency medicine – Australasian College for Emergency Medicine (ACEM)				
	CREATE HIDDEN VARIABLE [COLLEGE] FOR PIPING, ROTATE TEXT	General practice – Australian College of Rural and Remote Medicine (ACRRM)				
	AFTER THE EM DASH, REMOVE ANY "THE" PREFIXES	General practice – The Royal Australian College of General Practitioners (RACGP)				
{Q15}		Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand (CICM)				
		Medical administration – The Royal Australasian College of Medical Administrators (RACMA)				
		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)				
		Paediatrics and child health – The Royal Australasian College of Physicians (RACP)				
		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)				
		Psychiatry – The Royal Australian and New Zealand College of Psychiatrists (RANZCP)				
		Public health medicine – The Royal Australasian College of Physicians (RACP)				
		Radiation oncology – The Royal Australian and New ZealandCollege of Radiologists (RANZCR)21				
		Radiology – The Royal Australian and New Zealand College of Radiologists (RANZCR)				
		Rehabilitation medicine – The Royal Australasian College ofPhysicians (RACP)23				
		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)				



ASKE	OR EACH COLLEGE IN Q14 (Q15X=1)	1 or less	O 01
Q15.	How many years have you been in the	2	O 02
	[INSERT COLLEGE SELECTED] training	3	O 03
	program?	4	O 04
	Please select one response only.	5	O 05
{Q17}		6	O 06
		7	0 07
		8	O 08
		9	O 09
		More than 10	O 10
		Don't know	O 11
		Australian General Practice Training (AGPT)	01
Q16b.	Which training program are you in? Please select one response only.	The Remote Vocational Training Scheme (RVTS)	02
{Q16b}		RACGP Practice Experience Pathway (PEP)	03
		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



ASK IF Q16b=2 {Q16b=2}

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

Please select one response per row.

{Q19b}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The RVTS education program meets the College/s requirements	05	O 4	03	02	O 1
2.	The RVTS education program is preparing me as a specialist	05	O 4	03	02	O 1
3.	The RVTS education program is advancing my knowledge	05	O 4	03	02	O 1

ASK IF Q16b=2 {Q16b=2}

Q19b. Thinking about how the **RVTS communicates** with you about your training program, to what extent do you agree or disagree with the following statements? **Please select one response per row.**

{Q21}						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The RVTS clearly communicates the requirements of my training program	05	O 4	O 3	O 2	01
2.	The RVTS clearly communicates with me about changes to my training program and how they affect me	05	04	03	02	O 1
3.	I know who to contact at RVTS about my education program	05	04	O 3	O 2	O 1



ASK IF Q16b=2 {Q1bb=2}

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

Please select one response per row.

{Q28}

10207						
		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	O 1
2.	I am represented (by doctors in training e.g. registrar liaison officer) on RVTS training and/or education committees	05	04	03	02	01
3.	I am able to discuss the RVTS education program with other doctors	O 5	O 4	O 3	O 2	01
4.	The RVTS provides me with access to psychological and/or mental health support services	Ο 5	04	03	O 2	O 1

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

The following questions relate to [INSERT COLLEGE FROM Q14]. (Q18b)

Q21. Thinking about your **[INSERT COLLEGE FROM Q14]** (Q15) 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	05	04	Ο 3	O 2	O 1	O 99
2.	There are opportunities to meet the requirements of the training program in my current setting	05	O 4	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	O 3	O 2	01	O 99



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

Please select one response per row.

{Q20a}

[012004							
		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	Ο3	O 2	01	O 99
2.	My College clearly communicates with me about changes to my training program and how they affect me	05	04	03	02	O 1	O 99
3.	I know who to contact at the College about my training program	O 5	04	03	O 2	01	O 99

Q23a. In the last 12 months, have you sat one or more exams from...? Please select one response per row.

(024-)

1.

{Q24a}			
		Yes	No
1. F	PIPE [College]	01	O 2
ASK IF G	Q23aX=1 {Q24ax=1}		
0006 1			
	Have you received the results of your most recent exam fro Please select one response per row.)m?	
{Q24c}			
		Yes	No
1. F	PIPE [College]	O 1	O 2
ASK IF C	Q23bX=1 {Q24cx=1}		
Q23c. E	Did you pass the exam for?		
F	Please select one response per row.		

Yes

01

No

O 2

PIPE [College]

Prefer not to say

O 99



ASK IF Q23a=1 (Q23a)

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

Please select one response per row.

{Q26a}

{@20a}						1	
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	The exam(s) reflected the College training curriculum	O 5	O 4	Ο 3	O 2	O 1	O 99
2.	The information the College provided about the exam(s) was accurate and appropriate	05	04	03	02	O 1	O 99
3.	The exam(s) ran smoothly on the day	05	04	Ο3	O 2	O 1	O 99
4.	The exam(s) were conducted fairly	05	04	03	02	01	O 99
5.	I received useful feedback about my performance in the exam(s)	O 5	04	03	O 2	01	O 99
6.	The feedback is timely	05	04	03	02	01	O 99
7.	I received support from my College when needed	Ο 5	04	03	02	O 1	O 99

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

Please select one response per row.

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

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

ASSESSMENT



Q26a. (Q23a)	Did you receive an assessment for your previous rotation?	<u>Yes</u> No			o to Q23b {Q2 o to Q29 {Q28				
ASK IF	ASK IF Q26a=1 {Q23a=1}								
Q26b.	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. (023b)								
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree			
1.	Was relevant to my training	05	04	03	02	O 1			
2.	Included an opportunity to discuss feedback with my supervisor	05	04	03	02	01			
3.	Provided me with useful feedback about my progress as an intern	05	04	03	O 2	01			
4.	Was conducted fairly	O 5	O 4	03	O 2	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.

 Q27a. Did you receive an orientation to your setting? HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. 		O 1 O 2 Q28 (Q30) O 3
{Q29a}		
ASK IF Q27a=1 OR 2 (Q29a=1 2)	Excellent	05
Q27b. How would you rate the quality of your	Good	04
orientation?	Average	03
	Poor	0 2
Please select one response only.	Terrible	0 1

CLINICAL SUPERVISION

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

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

Specialist (including specialist GP)

01



		Registrar	02				
		Other doctor	03				
	In your setting, who mainly provides your day-to-day clinical supervision/peer review?	Nurse	04				
		Other	05				
	Please select one response only.	I don't have a clinical supervisor Go to Q32 (Q34)	06				
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent	I don't have a clinical supervisor/peer reviewer					
	workplace, placement or rotation where at	Go to Q32 (Q34)	07				
	least 2 weeks have been completed as part of your training.						
{Q30}	or your training.						
ASK I	F Q28=1 TO 5 (Q30=1:5)						
Q29.	To what extent do you agree or disagree with	the following statements?					
	In my setting, if my clinical supervisor(s) is not available						

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.

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

{Q31}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I am able to contact other senior medical staff IN HOURS if I am concerned about a patient	05	O 4	03	O 2	0 1
2.	I am able to contact other senior medical staff AFTER HOURS if I am concerned about a patient	05	O 4	03	02	01



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'.

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

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

{Q32a}

		1	2	3	4	5	Not applicable
1.	Helpfulness	05	04	03	02	01	O 99
2.	Accessibility	05	O 4	03	02	01	O 99
3.	Regular, INFORMAL feedback	05	04	03	02	01	O 99
4.	Regular, FORMAL feedback	05	04	Ο 3	02	01	O 99
5.	Usefulness of feedback	05	04	03	02	01	O 99
6.	Discussions about my goals and learning objectives	O 5	O 4	O 3	O 2	01	O 99
7.	Supporting you to meet your training plan/pathway requirements Supporting you to meet your intern education program requirements	05	04	03	0 2	O 1	O 99
8.	Including opportunities to develop your skills	05	04	03	02	01	O 99
9.	Ensuring your work is appropriate to your level of training	O 5	O 4	03	O 2	O 1	O 99
11.	Completing workplace based assessments	O 5	O 4	O 3	O 2	O 1	O 99



		1
F Q28=1 TO 5 (Q30=1:5)	Excellent	05
	Good	04
	Average	03
	Poor	02
quality of your clinical supervision/peer review?	Terrible	01
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.		
	Yes	0 1
Has your performance been assessed in your setting?	No – but this is scheduled	0 2
your county.	No – but I would like to be	03
HOVERTEXT FOR 'SETTING'	No – it's not necessary	04
workplace, placement or rotation where at	Unsure	05
least 2 weeks have been completed as part of your training.		
, , , , , , , , , , , , , , , , , , , ,		
	For your setting, how would you rate the quality of your clinical supervision? 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 part of your training. 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.	For your setting, how would you rate the quality of your clinical supervision? Good For your setting, how would you rate the quality of your clinical supervision/peer review? Good Please select one response only. Poor HOVERTEXT FOR 'SETTING' Terrible Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your setting? Yes Has your performance been assessed in your setting? Yes HOVERTEXT FOR 'SETTING' No – but this is scheduled No – but this is scheduled No – but this is not necessary Unsure Unsure



ACCESS TO TEACHING

Q35.	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	02		03	
2.	Clinical skills			O 1	02		03	
3.	Procedural skills			O 1	0 2		03	
9.	Teaching and supervision skills			O 1	02		03	
4.	Ethics			O 1	0 2		03	
5.	Leadership and management			O 1	02		03	
6.	Communication			O 1	02		03	
7.	Cultural safety			01	02		03	
8.	Research			O 1	02 03		03	
Q33. (Q35)	 Thinking about your access to opportunities with the following statements? In my setting Please select one response per row. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplat completed as part of your training. 				·		-	
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable	
3.	I can access the training opportunities available to me	05	04	03	02	0 1	O 99	
4.	I have to compete with other doctors for access to opportunities	05	04	O 3	02	01	0 99	



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.

{Q36}

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

Q36. Which of the following statements best 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 O 3

My job responsibilities... Please select one response only. Often prevent me from meeting my training requirements O 4



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}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	Formal education program	05	04	03	02	0 1	O 99
2.	Online modules (formal and/or informal)	05	04	03	O 2	O 1	O 99
3.	Teaching in the course of patient care (bedside teaching)	Ο 5	O 4	03	O 2	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	O 5	04	03	02	O 1	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	O 5	04	03	02	01	O 99
6.	Multidisciplinary meetings	05	04	03	02	01	O 99
7.	Simulation teaching	05	04	03	02	01	O 99
8.	Access to mentoring	05	04	03	02	01	0 99

000		Excellent	05
Q39.	Overall, how would you rate the quality of the teaching sessions?	Good	04
		Average	03
	Please select one response only.	Poor	02
{Q38}		Terrible	01



WORKPLACE ENVIRONMENT AND CULTURE

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

HOVERTEXT FOR 'SETTING'

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

Please select one response per row.

		Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable		
1.	Reliable internet for training purposes	05	04	Ο3	02	O 1	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	05	04	03	02	O 1	O 98	O 99		
4.	Teaching spaces	05	04	03	02	01	O 98	O 99		

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

HOVERTEXT FOR 'SETTING'

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

Please select one response per row.

{Q40}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Most senior medical staff are supportive	05	04	03	02	O 1
2.	My workplace supports staff wellbeing	05	04	03	02	O 1
3.	In practice, my workplace supports me to achieve a good work/life balance	O 5	O 4	03	O 2	O 1
9.	There is a positive culture at my workplace	05	04	03	02	O 1
4.	I have a good work/life balance	05	04	03	02	O 1
5.	Bullying, harassment and discrimination by anyone is not tolerated at my workplace	05	04	03	O 2	O 1
10.	Racism is not tolerated at my workplace	05	04	03	02	O 1
6.	I know how to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	Ο 5	O 4	03	O 2	O 1
7.	I am confident that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	05	04	03	0 2	O 1
8.	I could access support from my workplace if I experienced stress or a traumatic event	05	O 4	Ο 3	O 2	01



www.hu	months? Please select all that apply per column. PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION *-Australian Human Rights Commission (AHRC) (2014) Workplace discrimination, harassment and bullying, www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying ** Racial Discrimination Act https://humanrights.gov.au/quick-guide/12083							
		1) Experienced	2) Witnessed					
1.	Bullying The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.*	□ 1	□ 1					
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.	□ 2	□ 2					
3.	Discrimination Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender or sexual orientation.	□ 3	□ 3					
4.	Racism Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.**	□ 5	□ 5					
98.	None of these	O 4	O 4					
	BELOW Q43: If you need to access support for your health, co ion on services in your area.	ontact your GP or visit <u>ww</u>	<u>w.drs4drs.com.au</u> for					
SHOW IF Q42a.1=1 2 3 5 OR Q42a.2=1 2 3 5 (Q41B_2) Q42b. Who was responsible for the bullying, harassment, discrimination and/or racism that you experienced/witnessed Please select all that apply. (NEW)								

	1) Experienced	2) Witnessed
1. Senior medical staff (e.g. consultants, specialists)	□ 1	□ 1
 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
SHOW	└IF Q42b.1=1 2 34 5 7 OR Q42b.2=1 2 3 4 5 7 {Q41B_2	}	
Q42c.	The person(s) responsible was Please select all that apply.		
{Q41C_2}			
		1) Experienced	2) Witnessed
1.	In my team	□ 1	□ 1
2.	In my department but not in my team	□ 2	□ 2
•	From another department	□ 3	□ 3
3.			
99.	Prefer not to say	O 99	O 99
99. SHOW		O 99	O 99
99. SHOW	<pre>Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 {Q41C_2} Was the person(s) one of your supervisors?</pre>	O 99	O 99 2) Witnessed
99. SHOW	<pre>Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 {Q41C_2} Was the person(s) one of your supervisors?</pre>		
99. SHOW Q42d.	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes	1) Experienced	2) Witnessed
99. SHOW Q42d. 1. 2.	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes	1) Experienced O 1	2) Witnessed O 1
99. SHOW Q42d. 1. 2. 3.	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes No	1) Experienced O 1 O 2	2) Witnessed O 1 O 2
99. SHOW Q42d. 1. 2. 3. SHOW	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes No Prefer not to say	1) Experienced O 1 O 2	2) Witnessed O 1 O 2
99. SHOW Q42d. 1. 2. 3. SHOW	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes No Prefer not to say IF Q42a.1=1 2 3 5 OR Q42a.2=1 2 3 5 (Q41A_2) Have you reported it?	1) Experienced O 1 O 2	2) Witnessed O 1 O 2
99. SHOW Q42d. 1. 2. 3. SHOW Q42e.	Prefer not to say IF Q42c.1=1 2 or Q42c.2=1 2 (Q41C_2) Was the person(s) one of your supervisors? Please select one response (Q41D_2) Yes No Prefer not to say IF Q42a.1=1 2 3 5 OR Q42a.2=1 2 3 5 (Q41A_2) Have you reported it?	1) Experienced 0 1 0 2 0 99	2) Witnessed O 1 O 2 O 99



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

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	O 1	O 1
2. No	02	O 2
3. Unsure	03	03

SHOW IF Q42xf.1=1| OR Q42xf.2=1| (NEW)

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

Please select one response (NEW)		
	1) Experienced	2) Witnessed
1. Yes	0 1	O 1
2. No	02	O 2
3. Unsure	03	O 3



SHOW	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? Please select one response (NEW)				
			1) Experienced	2) Witnessed
1.	No effect		O 1	O 1
2.	Minor effect		O 2	O 2
3.	3. Moderate effect		O 3	03
4.	Major effect		O 4	O 4
5.	Unsure		O 5	05
Q43. {Q42}	If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?	Yes <u>No</u> Unsure		0 1 0 2 0 3

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.



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
01.	The amount of work I am expected to do	O 4	O 3	O 2	O 1
02.	Having to work paid overtime	O 4	03	O 2	O 1
03.	Having to work unpaid overtime	O 4	03	O 2	O 1
04.	Dealing with patient expectations	O 4	03	O 2	O 1
05.	Dealing with patients' families	O 4	O 3	O 2	O 1
06.	Expectations of supervisors Expectations of supervisors/peer reviewer	O 4	O 3	O 2	O 1
07.	Supervisor feedback Supervisors/peer reviewer feedback	04	O 3	O 2	O 1
08.	Having to relocate for work	O 4	03	02	O 1
09.	Being expected to do work that I don't feel confident doing	04	O 3	02	O 1
10.	Limited access to senior clinicians	O 4	03	02	O 1
11.	Lack of appreciation	O 4	03	02	O 1
12.	Workplace conflict	O 4	O 3	O 2	O 1
		N/ 11/			
Q45.	How would you rate your workload in your	Very light			0 1
	setting?	Light			0 2
	Please select one response only.	Moderate			03
	r lease select one response only.	Heavy			04
{Q44}	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.	Very heavy			<u> </u>



0.40		20 hours or less	01
Q46.	On average in the past month, how many hours per week have you worked?	<u>21 – 30 hours</u>	02
	, , , , , , , , , , , , , , , , , , , ,	<u>31 – 40 hours</u>	03
	HOVERTEXT FOR 'PER WEEK'	<u>41 – 50 hours</u>	04
	This includes rostered, unrostered, claimed and unclaimed overtime and recall – this	<u>51 – 60 hours</u>	05
does not include undisturbed on-call	<u>61 – 70 hours</u>	06	
{Q45}	Please select one response only.	<u>71 – 80 hours</u>	07
		<u>81 – 90 hours</u>	08
		More than 90 hours	09
		4	

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	02	O 1	O 99
2.	Working unrostered overtime have a negative impact on your training	O 4	O 3	O 2	O 1	O 99
3.	Working unrostered overtime provide you with more training opportunities	O 4	03	O 2	O 1	O 99

Q63a.	Have you accessed, or considered accessing, flexible working arrangements in your setting? Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or	Yes, I have accessed flexible working arrangementsO1I have considered accessing flexible working arrangements but chose not to accessO2I have considered accessing flexible working arrangements but was unable to accessO3I have not accessed, and have not required flexible working arrangementsO4
	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.	Prefer not to say 0 99



ASKI	^E Q63a=1, 2 OR 3	Changes in hours of work (for example, reduction in hours worked, changes to start/finish times)
Q64.	SHOW IF Q63a=1 What sort of flexible arrangements did you access?	Changes in patterns of work (for example, working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts)
	 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 	Changes in location of work (for example, working from home or working from another location)IOtherIPrefer not to sayOO99
	patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer.	
	Please select all that apply.	
ASK IF	F Q63a=1	Yes, the arrangements Laccessed met all of my needs O 1
	Q63a=1 Did the flexible working arrangements you accessed in your setting meet your needs?	Yes, the arrangements I accessed met all of my needsO 1The arrangements I accessed met some, but not all, of my needsO 2No, the arrangements I accessed did not meet my needsO 3



ASK IF Q63a=2 OR 3	Flexible working arrangements were not offered
Q63c. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting?	The flexible working arrangements offered did not meet my needs 2 Flexible working arrangements are not available in my current role or on my current rotation 3
 HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS' Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer. HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. Please select all that apply. 	role or on my current rotationI 3I do not feel comfortable asking for flexible working arrangements in my current settingI 4I feel I am not senior enough to access flexible working arrangements5I am currently employed on a short-term contract, or have other employment terms, which do not allow for flexible working arrangements6I didn't have access to information or knowledge to know how to access flexible working arrangements7I didn't feel I had the option to access flexible working arrangements8Other9Prefer not to say0



PATIENT SAFETY Excellent O 5 Q48. In your setting, how would you rate the 04 Good quality of your training on how to raise concerns about patient safety? Average Ο3 Please select one response only. Poor O 2 Terrible 01 **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. Q49. 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. Neither Strongly Strongly Disagree Agree Agree nor Agree Disagree Disagree 1. I know how to report concerns about O 5 04 Ο3 O 2 01 patient care and safety 2. There is a culture of proactively dealing O 5 04 O 3 02 01 with concerns about patient care and safety 3. I am confident to raise concerns about O 5 04 O 3 O 2 01 patient care and safety 4. There are processes in place at my O 5 04 03 02 01 workplace to support the safe handover of patients between shifts / practitioners 5. I have received training on how to provide Ο5 04 Ο3 02 01 culturally safe care



OVERALL SATISFACTION

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.

{Q52}

		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	03	O 2	O 1
2.	I would recommend my current workplace as a place to train	O 5	O 4	03	O 2	O 1

FUTURE CAREER INTENTIONS

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

Q51a. {Q53a}	Do you intend to continue in your specialty training program?	Yes No Undecided		0 1 0 2 0 3
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 No Unsure	Go to Q54 {Q56} Go to Q54 {Q56} Go to Q62a {Q62a} Go to Q54 {Q56}	0 1 0 2 0 3 0 4
Q52. {Q54}	Do you intend to become a specialist?	Yes No Unsure	Go to Q53 (Q55) Go to Q54 (Q56) Go to Q54 (Q56)	0 1 0 2 0 3
ASK IF Q53. (Q55)	• Q52=1 (054=1) Which specialty are you most interested in pursuing? Please select one response only.	Addiction medicine – The Royal Au Physicians (RACP) Anaesthesia – Australian and New Anaesthetists (ANZCA) Dermatology – Australasian Colleg Emergency medicine – Australasia Medicine (ACEM) General practice – Australian Colle Medicine (ACRRM) General practice – The Royal Austr Practitioners (RACGP)	Zealand College of e of Dermatologists (n College for Emerge ege of Rural and Rem	○ 01 ○ 02 (ACD) ○ 03 ency ○ 04 note ○ 05



Intensive care medicine – College of Intensive Care Medic Australia and New Zealand (CICM)	
Medical administration – The Royal Australasian College of Medical Administrators (RACMA)	
Obstetrics and gynaecology – The Royal Australian and Nazealand College of Obstetricians and Gynaecologists (RANZCOG)	<u>ew</u> > 11
Occupational and environmental – The Royal Australasian College of Physicians (RACP)	0 12
Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)) 13
Paediatrics and child health – The Royal Australasian Colle Physicians (RACP)	
Pain medicine – Australian and New Zealand College of Anaesthetists (ANZCA)) <u>15</u>
Palliative medicine – The Royal Australasian College of Physicians (RACP)	0 16
Pathology – The Royal College of Pathologists of Australa (RCPA)	<u>sia</u>) 17
Physician – The Royal Australasian College of Physicians (RACP)	<u>) 18</u>
Psychiatry – The Royal Australian and New Zealand Coller Psychiatrists (RANZCP)	<u>ge of</u>) 19
Public health medicine – The Royal Australasian College of Physicians (RACP)	of 20
Radiation oncology – The Royal Australian and New Zeala College of Radiologists (RANZCR) C	
Radiology – The Royal Australian and New Zealand Colleg Radiologists (RANZCR)	<u>pe of</u> 22
Rehabilitation medicine – The Royal Australasian College Physicians (RACP)	of 23
Sexual health medicine – The Royal Australasian College Physicians (RACP)	of 24
Sports and exercise medicine – Australasian College of Sp and Exercise Physicians (ACSEP)	oort 25
Surgery – Royal Australasian College of Surgeons (RACS	0 26
Surgery – Oral and maxillofacial surgery – Royal Australas College of Dental Surgeons (RACDS)	
Unsure C	97



SKIP IF Q51b=3 {Q53b=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.**

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



ABOUT YOU

Finally, we would like to ask some questions about you. These questions are used in analysis to group responses given by doctors in training with a similar profile.

055		Man or male	01
Q55.	Do you identify as? Please select one response only.	Woman or female	02
		Non-binary	03
	Gender refers to current gender, which may be different to sex recorded at birth and	Prefer not to say	O 99
	may be different to what is indicated on		
(0.57)	legal documents		
{Q57}			
0.70		20 to 24	01
Q56.	What is your age? Please select one response only.	25 to 29	02
{Q58}		<u>30 to 34</u>	03
		<u>35 to 39</u>	04
		<u>40 to 45</u>	05
		45+	06
		Prefer not to say	<u> </u>
Q57.	Do you identify as an Australian Aboriginal	Yes – Aboriginal	01
	and/or Torres Strait Islander person?	Yes – Torres Strait Islander	02
		Yes – Forres Strait Islander Yes – Both Aboriginal and Torres Strait Islander	0 2
QD7.	and/or Torres Strait Islander person?		
	and/or Torres Strait Islander person?	Yes – Both Aboriginal and Torres Strait Islander	03
	and/or Torres Strait Islander person?	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say	03 04 099
	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say	$\begin{array}{r} 0 3 \\ 0 4 \\ 0 99 \end{array}$
{Q59}	and/or Torres Strait Islander person? Please select one response only.	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say Yes No	0 3 0 4 0 99 0 1 0 2
{Q59}	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say	$\begin{array}{r} 0 3 \\ 0 4 \\ 0 99 \end{array}$
{Q59}	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a disability? <i>Please note, the definition of disability</i> <i>includes sensory, intellectual, neuro-</i>	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say Yes No	0 3 0 4 0 99 0 1 0 2
{Q59}	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a disability? <i>Please note, the definition of disability</i>	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say Yes No	0 3 0 4 0 99 0 1 0 2
{Q59}	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a disability? Please note, the definition of disability includes sensory, intellectual, neuro- diverse, physical and mental illness – where the disability is permanent or is likely to be permanent.	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say Yes No	0 3 0 4 0 99 0 1 0 2
{Q59}	and/or Torres Strait Islander person? Please select one response only. Do you identify as a person with a disability? Please note, the definition of disability includes sensory, intellectual, neuro- diverse, physical and mental illness – where the disability is permanent or is likely	Yes – Both Aboriginal and Torres Strait Islander No Prefer not to say Yes No	0 3 0 4 0 99 0 1 0 2



Q61.	During your usual work week, do you	Yes – Sole parenting responsibilities	
Quin	spend time providing unpaid care, help, or	Yes – Co-parenting responsibilities	□ 2
as	assistance for family members or others?	Yes - Primary caregiving responsibilities (for adult(s))	
	Please select all that apply.	Yes – Shared caregiving responsibilities (for adult(s))	□ 4
{Q59}	riease select all that apply.	No	05
		Prefer not to say	O 99
0.50		Yes - Australia	01
Q58a.	Did you complete your primary medical degree in Australia or New Zealand?	Yes - New Zealand	02
	Please select one response only.	No - Elsewhere	03
{Q6a}			
ASK IF Q59b.	F Q58a=3 {O6a=3} OR IMG In which country did you complete your primary medical degree?	PROGRAMMER NOTE: ADD AUTOCOMPLETE DRO	P DOWN

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.

Please type in and select.