

# This is a copy of the Specialist GP Trainee questions.

# Medical Training Survey

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

The MTS is being administered by an independent research agency, EY Sweeney, and will take approximately 15 minutes to complete.

### Survey descriptions

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.

#### Click here for more information about participation.

Click here for more information about the Medical Training Survey.

### Please press **NEXT** to continue.

For access to the EY Sweeney Privacy Policy, click here (<u>https://eysweeney.com.au/privacy-policy</u>). For any technical problems with this survey please send an e-mail by selecting the link that appears at the bottom of each page.

#### How to complete the survey

Participants can use their mouse to "Click" the relevant circles or boxes to mark their selection with a black dot or a tick.

Participants may close the survey down and re-enter at the departure point. To do so, use the link in the confirmation of registration email.

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

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

For any technical problems with the survey, participants can send an email to the email address that appears at the bottom of each page.

Please press **NEXT** to continue.



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#### 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;
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- recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

#### Your part in the MTS

- Participation in the MTS is voluntary. You may withdraw from participating in the MTS at any time without providing a reason.
- The questions you will be asked relate to your experience of medical training in Australia.
- The extent to which the Medical Board of Australia (**MBA**) can strengthen medical training in Australia depends on well considered feedback. The MBA welcomes this feedback, as there are always opportunities to improve medical training in Australia.
- When completing the MTS, we ask that you do not provide responses with personal information or information that may reasonably identify an individual.
- The MBA and Ahpra acknowledge that participation in the MTS and reflections on medical training might cause discomfort or even distress. For this reason, you may skip questions at any time and proceed to the next question.

#### **Privacy information**

Any information collected in the MTS will be treated confidentially and anonymously, and in accordance with the *Privacy Act 1988 (Cth)* and the Health Practitioner Regulation National Law (**the National Law**). MTS data collected will only be used for the purposes described above.

To maintain confidentiality and anonymity of MTS responses, the MTS is being administered by EY Sweeney, an independent and accredited market research agency. EY Sweeney is independent of Ahpra and the MBA.

EY Sweeney will aggregate the MTS data and disclose it to Ahpra and the MBA in a de-identified report, taking steps to remove any personal information or information that could reasonably re-identify an individual.

MTS data will be collated into jurisdiction specific and/or medical specialty specific reports, however participant anonymity will be maintained in such reports. Only de-identified and aggregated data will be published.

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

Ahpra's Privacy Policy explains how participants may access and seek correction of personal information held by Ahpra and the MBA; complain to Ahpra about a breach of their privacy; and how a complaint will be dealt with. For access to Ahpra's Privacy Policy, click here (<u>https://www.ahpra.gov.au/privacy</u>).

For access to EY Sweeney's Privacy Policy, click here (<u>http://eysweeney.com.au/contact-us/privacy-policy</u>).

#### Use and sharing of MTS data

The MBA and Ahpra anticipate using the MTS data to:



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

All reporting will endeavour to protect the identity of individual participants. For example:

- EY Sweeney will take steps to de-identify any MTS data that may identify a participant or another individual;
- Reports will only be provided where 10 or more responses have been received;
- EY Sweeney will not provide individual MTS responses to third parties outside of the MBA and Ahpra.

#### **Data Management**

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

All MTS data is securely stored in Australia in accordance with The Research Society Code of Professional Behaviour, ISO 20252 – Market and Social Research Standard, Australian Data and Insights Association (**ADIA**) Privacy (Market and Social Research) Code 2014, Australian Privacy Principles of the *Privacy Act 1988* (Cth) and ISO 27001-2013 (Certificate for Information Security Management accreditation).

EY Sweeney stores data in secure cloud based servers, located in Australia.

#### Contact

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

For any technical problems with this survey, a participant should contact EY Sweeney via phone on 1800 983 160 or via e-mail at <u>medicaltrainingsurvey@au.ey.com</u> (this email appears as a hyperlink at the bottom of each page of the survey).

Non-technical queries, such as questions regarding the content of the MTS, queries about participant rights or complaints about the manner in which the MTS is being conducted, should be directed to Ahpra via email at <u>MTS@ahpra.gov.au</u>.

If a participant prefers to direct a complaint to another body, the participant may contact the membership body for market and social research, The Research Society, on (02) 9566 3100 or the participant can visit <u>https://researchsociety.com.au/</u>



### 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	O 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	O 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	0 04
	territory for your previous setting. Please select one response only.	SA	O 05
		Tas.	O 06
{Q2}		Vic.	0 07
		<u>WA</u>	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? 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.	Yes No	0 1 0 2
ASKI	F Q5a=1 {Q8a=1}	PIPE RESPONSES BY FROM STATE LIST Q4(Q2)	O 01
Q5b.	Which hospital do you work at?		O 02
	If you work at more than one hospital,		O 03
	select where you spend most time.		O 04
	If you have only been practising or training		O 05
	in your current hospital for less than two		0 06
	weeks, please consider your previous hospital.	Other	0 97
	Please type in and select.	Do not wish to specify	O 98
{Q8b}			



	Q5a=1 (Q8a)	Aboriginal and Torres Strait Islander health service	□ 01
Q5c. Select any additional settings you work in.	Aged care facility	□ 02	
This qu	lestion refers to your additional clinical	Community health service	□ 03
setting	s/workplace, not your role/rotation/position.	Correctional services	□ 04
ASK IF	Q5a=2 (Q8a)	General practice clinic	□ 05
Q5c.	Which settings do you work in?	Medical laboratory	□ 06
		Private practice (exc general practice)	□ 07
	Please select all that apply	Research/university	
	HOVERTEXT FOR 'SETTING'	Other	□ 97
	Setting is the current or most recent	Not applicable	O 98
	workplace, placement or rotation where at least 2 weeks have been completed as part		
	of your training.		
{Q5c}			
ASK IF	Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE (Q8a=2 Q8b=97 98)	Metropolitan area (e.g. capital city – Sydney, Melbourne Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra)	<u>,</u> <u>01</u>
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>n with a</u> O 2
	Please select one response only.	Rural area (e.g. more than 15km from the closest town	
	HOVERTEXT FOR 'SETTING'	population of at least 15,000)	03
	Setting is the current or most recent workplace, placement or rotation where at	Do not wish to specify	O 99
	least 2 weeks have been completed as part		
{Q62}	of your training.		
Q7.	What is your role in the setting?	Resident Medical Officer / Hospital Medical Officer	02
	Please select one response only.	Principal House Officer	04
		Career Medical Officer	06
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Registrar	07
	workplace, placement or rotation where at	Unaccredited Registrar	09
	least 2 weeks have been completed as part of your training.	Other	0 97
{Q4}			



Q9a.	Which area are you currently practising in?	Addiction medicine	O 01
	Please select one response only.	Anaesthesia	0 02
{Q7}	r lease select one response only.	Dermatology	O 03
	If you have only been practising or training	Emergency medicine	O 04
	in your current area for less than two weeks, please select the area for your	General practice	O 05
	previous setting.	Intensive care medicine	O 06
		Medical administration	O 07
		Obstetrics and gynaecology	O 08
		Occupational and environmental medicine	O 09
		Ophthalmology	O 10
		Paediatrics and child health (inc. specialties)	O 11
		Pain medicine	O 12
		Palliative medicine	O 13
		Pathology	O 14
		Physician Adult medicine (inc. specialties)	O 15
		Psychiatry	O 16
		Public health medicine	O 17
		Radiation oncology	O 18
		Radiology	O 19
		Rehabilitation medicine	O 20
		Sexual health medicine	O 21
		Sport and exercise medicine	0 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	0 17
Paediatric intensive care medicine	O 18
Paediatric medical oncology	O 19
Paediatric nephrology	O 20
Paediatric neurology	O 21
Paediatric nuclear medicine	0 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



Pathology	[14]
General pathology	0 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	O 99
Physician Adult medicine	[15]
General medicine	O 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	0 47
Respiratory and sleep medicine	O 48
Rheumatology	O 49
Not applicable	O 98
Prefer not to say	O 99



Diagnostic radiology Diagnostic ultrasound	[19]
Diagnostic ultrasound	
M. deserve Peter	0 02
Nuclear medicine	O 03
	O 04
Not applicable	O 98
Prefer not to say	<u> </u>
Surgery	[23]
General surgery	O 50
Orthopaedic surgery	O 51
Cardio-thoracic surger	ry 0 52
Neurosurgery	O 53
<u>Otolaryngology – head</u>	d and neck surgery O 54
Oral and maxillofacial	surgery O 55
Paediatric surgery	O 56
Plastic surgery	0 57
Urology	O 58
Vascular surgery	O 59
Not applicable	O 98
Prefer not to say	O 99
	The Royal Australasian College of
you doing? Physicians (RACP) Anaesthesia – Austral	Lian and New Zealand College of
Please select all that apply, up to a Anaesthetists (ANZCA	
	ustralasian College of Dermatologists
CREATE HIDDEN VARIABLE Medicine (ACEM)	– Australasian College for Emergency
AFTER THE EM DASH, REMOVE ANY Medicine (ACRRM)	stralian College of Rural and Remote
(Q15) (Q15) (Q15) (C15)	e Royal Australian College of General )
Intensive care medicin Australia and New Zea	ne – College of Intensive Care Medicine of aland (CICM)
Medical administration Medical Administration	n – The Royal Australasian College of s (RACMA)
	cology – The Royal Australian and New ostetricians and Gynaecologists 11
Occupational and env Australasian College of	rironmental medicine – The Royal of Physicians <b>(RACP)</b>
Ophthalmology – The College of Ophthalmo	Royal Australian and New Zealand logists (RANZCO)
Paediatrics and child Physicians (RACP)	health – The Royal Australasian College of
Pain medicine – Austr Anaesthetists (ANZCA	ralian and New Zealand College of ▲) 15



Palliative medicine – The Royal Australasian College of         Physicians (RACP)         □         16
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) 19
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 of Physicians (RACP)
Sexual health medicine – The Royal Australasian College of Physicians (RACP)
Sports and exercise medicine – Australasian College of Sportand Exercise Physicians (ACSEP)25
Surgery – Royal Australasian College of Surgeons (RACS) 26
Surgery – Oral and maxillofacial surgery – Royal Australasian College of Dental Surgeons (RACDS)

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

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

		Basic	Advanced
1.	Paediatrics and child health – The Royal Australasian College of Physicians (RACP)	0 1	02
2.	Physician – The Royal Australasian College of Physicians (RACP)	0 1	O 2

ASK F	OR EACH COLLEGE IN Q14 (Q15X=1)	1 or less	O 01
Q15.	How many years have you been in the	2	0 02
	[INSERT COLLEGE SELECTED] training	3	O 03
		4	0 04
	Please select one response only.	5	0 05
{Q17}		6	0 06
		7	0 07
		8	O 08
		9	O 09
		More than 10	0 10
		Don't know	0 11



Q16b. Which training program are you in? Please select one response only.	Australian General Practice Training (AGPT)O 1The Remote Vocational Training Scheme (RVTS)O 2
	RACGP Practice Experience Pathway – Specialist Program
	ACRRM Independent Pathway (IP) O 4
	ACRRM Rural Generalist Training Scheme O 5
	RACGP Fellowship Support Program O 6
	Unsure O 96
	Not applicable O 97

ASK IF	Q16b=2 {Q16b=2}								
Q18b.	statements? Please select one response per row.								
[dian]		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree			
1.	The <b>RVTS</b> education program meets the College/s requirements	05	O 4	03	02	0 1			
2.	The <b>RVTS</b> education program is preparing me as a specialist	05	O 4	O 3	02	01			
3.	The <b>RVTS</b> education program is advancing my knowledge	05	04	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 <b>RVTS</b> clearly communicates the requirements of my training program	05	O 4	Ο 3	O 2	O 1
2.	The <b>RVTS</b> clearly communicates with me about changes to my training program and how they affect me	05	O 4	03	02	O 1
3.	I know who to contact at <b>RVTS</b> about my education program	O 5	O 4	03	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}

{\\\\20}						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The <b>RVTS</b> seeks my views on the structure and content of the education program	O 5	O 4	03	O 2	O 1
2.	I am represented (by doctors in training e.g. registrar liaison officer) on <b>RVTS</b> training and/or education committees	05	04	03	02	01
3.	I am able to discuss the <b>RVTS</b> education program with other doctors	05	O 4	03	O 2	O 1
4.	The <b>RVTS</b> provides me with access to psychological and/or mental health support services	05	04	03	O 2	01

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

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

#### Please select one response per row.

{Q19a}

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

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

#### Please select one response per row.

{Q21a

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
1. The financial cost of my College training program has led to stress	<u>05</u>	<u>04</u>	<u>O 3</u>	<u>02</u>	<u>0 1</u>	<u>O 99</u>



2.	My College provides clear and accessible information about how my fees are spent	<u>05</u>	<u>04</u>	<u>03</u>	<u>0 2</u>	<u>0 1</u>	<u>0 99</u>
3.	The cost of my College training program has been a barrier to my progression in the training program	<u>05</u>	<u>04</u>	<u>03</u>	<u>02</u>	<u>0 1</u>	<u>0 99</u>

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

#### In the last 12 months, have you sat one or more exams from ...? Q23a. Please select one response only. Yes No 01 O 2

#### 1. **PIPE** [College]

ASK IF Q23aX=1 (	
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#### Q23b. Have you received the results of your most recent exam from ...? Please select one response only.

	Yes	No	
1. PIPE [College]	O 1	O 2	

ASK II	F Q23bX=1 {Q24ox=1}			
Q23c.	Did you pass the exam for? Please select one response only.			
		Yes	No	Prefer not to say
1.	PIPE [College]	01	O 2	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}							
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
1.	The exam(s) reflected the College training curriculum	O 5	04	03	O 2	O 1	O 99
2.	The information the College provided about the exam(s) was accurate and appropriate	05	O 4	03	02	01	O 99
3.	The exam(s) ran smoothly on the day	05	04	Ο3	O 2	01	O 99
4.	The exam(s) were conducted fairly	O 5	04	03	02	0 1	O 99
5.	I received useful feedback about my performance in the exam(s)	05	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	O 5	04	03	O 2	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.

{Q27a}

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



### 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.	Yes, a formal orientation         Yes, but it was largely informal         No       Go to Q28 (Q30)	0 1 0 2 0 3
ASKIP	Q27a=1 OR 2 (Q29a=1 2)	Excellent	05
Q27b.	How would you rate the quality of your	Good	04
	orientation?	Average	03
		Poor	02
{Q29b}	Please select one response only.	Terrible	01

#### **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
	Please select one response only.	Other doctor	03
	HOVERTEXT FOR 'SETTING' Setting is the current or most recent	Nurse	04
	workplace, placement or rotation where at	Other	05
	least 2 weeks have been completed as part of your training.	I don't have a clinical supervisor Go to Q32 (Q34)	06
{Q30}			



#### ASK IF Q28=1 TO 5 (Q30=1:5) Q29. To what extent do you agree or disagree with the following statements? In my setting, if my clinical supervisor(s) is not available... 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 Agree Agree nor Disagree Disagree Agree Disagree 1. I am able to contact other senior medical staff IN HOURS if I am concerned about a O 5 04 Ο3 O 2 01 patient 2. I am able to contact other senior medical staff AFTER HOURS if I am concerned Ο5 04 Ο3 O 2 01 about a patient



#### 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...

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(0.32a)

		1	2	3	4	5	Not applicable
1.	Helpfulness of supervisor	05	04	03	O 2	01	O 99
2.	Accessibility of supervisor	05	04	03	02	01	O 99
3.	Regular, INFORMAL feedback	05	04	03	02	01	O 99
4.	Regular, FORMAL feedback	05	04	03	02	01	O 99
5.	Usefulness of feedback	05	04	Ο3	02	01	O 99
6.	Discussions about my goals and learning objectives	O 5	O 4	03	O 2	O 1	O 99
7.	Supporting you to meet your training plan/pathway requirements	O 5	O 4	03	O 2	O 1	O 99
8.	Including opportunities to develop your skills	O 5	O 4	03	02	O 1	O 99
9.	Ensuring your work is appropriate to your level of training	O 5	04	03	02	O 1	O 99
10.	Completing workplace-based assessments	O 5	O 4	O 3	O 2	O 1	O 99



<b>ASK IF</b> Q31.	<ul> <li>F Q28=1 TO 5 (Q30=1:5)</li> <li>For your setting, how would you rate the quality of your clinical supervision?</li> <li>Please select one response only.</li> <li>HOVERTEXT FOR 'SETTING'</li> <li>Setting is the current or most recent</li> </ul>	Excellent Good Average Poor Terrible	05 04 03 02 01
{Q33}	workplace, placement or rotation where at least 2 weeks have been completed as part of your training.		
Q32.	Has your performance been assessed in your setting? <b>HOVERTEXT FOR 'SETTING'</b> 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 – but this is scheduled No – but I would like to be No – it's not necessary Unsure	0 1 0 2 0 3 0 4 0 5



### ACCESS TO TEACHING

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

		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.	I am able to attend conferences, courses and/or external education events	O 5	04	03	O 2	O 1			
3.	My GP supervisor supports me to attend formal and informal teaching sessions	O 5	04	03	O 2	O 1			
4.	My employer supports me to attend formal and informal teaching sessions	O 5	O 4	03	O 2	O 1			
5.	I am able to participate in research activities	O 5	O 4	Ο 3	O 2	O 1			
Q36.	Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?	Rarely prev	ent me from m ent me from n prevent me fr	neeting my tra	aining require	mentsO 2			

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

Often prevent me from meeting my training requirements O 4

**Sometimes** prevent me from meeting my training requirements

Ο3



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}

		Stro Ag	ngly ree	Agr	ee	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	Formal education program	0	5	0	4	03	02	O 1	O 99
2.	Online modules (formal and/or informal)	0	5	0	4	03	O 2	01	O 99
3.	Teaching in the course of patient care (bedside teaching)	0	5	0	4	03	O 2	O 1	O 99
4.	Team or unit based activities HOVERTEXT Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	0	5	0	4	03	02	O 1	O 99
9.	Practice-based audits	0	5	0	4	03	02	01	O 99
5.	Medical/surgical and/or hospital-wide meetings such as grand rounds and/or practice-based meetings, Primary Health Network meetings	0	5	0	4	03	02	01	O 99
6.	Multidisciplinary meetings	0	5	0	4	03	O 2	01	O 99
7.	Simulation teaching	0	5	0	4	03	02	01	O 99
8.	Access to mentoring	0	5	0	4	Ο3	O 2	01	O 99
Q39.	Overall, how would you rate the quality the teaching sessions?	of	Exce Good						05 04
	Please select one response only.		Aver	age					03
{Q38}			Poor						02
			Terri	ble					<u>     0  1</u>



#### 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.

{Q39}

		Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1.	Reliable internet for training purposes	05	04	03	O 2	O 1	O 98	O 99
2.	Educational resources	05	04	03	02	O 1	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	O 1	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	01
2.	My workplace supports staff wellbeing	05	04	03	02	01
12.	Most senior allied health and nursing staff are supportive	O 5	O 4	03	O 2	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
4.	There is a positive culture at my workplace	05	04	03	02	01
5.	I have a good work/life balance	05	04	03	02	01
6.	Bullying, harassment and discrimination by anyone is not tolerated at my workplace	O 5	O 4	03	O 2	O 1
7.	Racism is not tolerated at my workplace	05	04	03	02	01
8.	I <b>know how</b> to raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	05	04	03	02	O 1
9.	I <b>am confident</b> that I would raise concerns/issues about bullying, harassment and discrimination (including racism) in my workplace	05	04	03	0 2	O 1
10.	I could access support from my workplace if I experienced stress or a traumatic event	O 5	04	O 3	02	O 1



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

Please select all that apply per column.

#### PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

\*-Australian Human Rights Commission (AHRC) (2014) Workplace discrimination, harassment and bullying, www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying \*\* Racial Discrimination Act https://humanrights.gov.au/quick-guide/12083

{Q41A\_2}

		1) Experienced	2) Witnessed
1.	<b>Bullying</b> The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.*	□ 1	□ 1
6.	<b>Sexual harassment</b> (Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where the possibility of that reaction could be reasonably anticipated in the circumstances)	□ 6	□ 6
2.	Harassment (excluding sexual harassment) Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.	□ 2	□ 2
4.	<b>Racism</b> Racial discrimination is when a person is treated less favourably, or not given the same opportunities, as others in a similar situation, because of their race, the country where they were born, their ethnic origin or their skin colour.**	□ 5	□ 5
3.	<b>Discrimination (excluding racism)</b> Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation.	□ 3	□ 3
98.	None of these	O 98	O 98

#### SHOW BELOW Q42A.

If you or someone you know would like support in relation to anything you may be experiencing at work, please reach out to the Employee Assistance Program (EAP) offered by your training provider or the drs4drs service provided within your state for confidential mental health support. You also may wish to contact the police if you have witnessed or experienced a criminal offence while at work.



Q42b.	<ul> <li>Who was responsible for the bullying, harassment, discrimination and/or racism that you experienced/witnessed</li> <li>Please select all that apply.</li> </ul>		
		1) Experienced	2) Witnessed
1.	Senior medical staff (e.g. consultants, specialists)	□ 1	 □ 1
2.	Medical colleague (e.g. registrar or other doctors in training)	□ 2	□ 2
3.	Nurse or midwife	□ 3	□ 3
4.	Other health practitioner	□ 4	□ 4
5.	Hospital management	□ 5	□ 5
6.	Administrative staff	□ 8	□ 8
7.	Patient and/or patient family/carer	□ 6	□ 6
8.	Other	□ 7	□ 7
99.	Prefer not to say	O 99	O 99
{Q41C_2}	The person(s) responsible was Please select all that apply.	1) Experienced	2) Witnessed
	Please select all that apply.	1) Experienced	2) Witnessed
	Please select all that apply.	1) Experienced	2) Witnessed □ 1
{Q41C_2}	Please select all that apply.		
{Q41C_2} 1. 2.	Please select all that apply.	□ 1	□ 1
{Q41C_2} 1. 2. 3.	Please select all that apply.         In my team         In my department but not in my team	□ 1 □ 2	□ 1 □ 2
{Q41C_2} 1. 2. 3. 99. SHOW	Please select all that apply.         In my team         In my department but not in my team         From another department         Prefer not to say         IF Q42c.1=1 2  or Q42c.2=1 2  (Q410_2)         Was the person(s) one of your supervisors?	□ 1 □ 2 □ 3	□ 1 □ 2 □ 3
{Q41C_2} 1. 2. 3. 99. SHOW	Please select all that apply.         In my team         In my department but not in my team         From another department         Prefer not to say	□ 1 □ 2 □ 3	□ 1 □ 2 □ 3
{Q41C_2} 1. 2. 3. 99. <b>SHOW</b> Q42d.	Please select all that apply.         In my team         In my department but not in my team         From another department         Prefer not to say         IF Q42c.1=1 2  or Q42c.2=1 2  (Q410_2)         Was the person(s) one of your supervisors?	□ 1 □ 2 □ 3 ○ 99	□ 1 □ 2 □ 3 ○ 99
{Q41C_2} 1. 2. 3. 99. <b>SHOW</b> Q42d.	Please select all that apply.         In my team         In my department but not in my team         From another department         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 □ 2 □ 3 ○ 99 1) Experienced	□ 1 □ 2 □ 3 ○ 99 2) Witnessed
<pre>{Q41C_2} 1. 2. 3. 99. SHOW Q42d. 1. 2.</pre>	Please select all that apply.         In my team         In my department but not in my team         From another department         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 □ 2 □ 3 ○ 99 1) Experienced ○ 1	□ 1 □ 2 □ 3 ○ 99 2) Witnessed ○ 1
(Q41C_2) 1. 2. 3. 99. SHOW Q42d. 1. 2. 3. SHOW	Please select all that apply.         In my team         In my department but not in my team         From another department         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 □ 2 □ 3 ○ 99 1) Experienced ○ 1 ○ 2	□ 1 □ 2 □ 3 ○ 99 2) Witnessed ○ 1 ○ 2
(Q41C_2) 1. 2. 3. 99. SHOW Q42d. 1. 2. 3. SHOW	Please select all that apply.         In my team         In my department but not in my team         From another department         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 6 OR Q42a.2=1 2 3 5 6 (Q41A_2)         Have you reported it?	□ 1 □ 2 □ 3 ○ 99 1) Experienced ○ 1 ○ 2	□ 1 □ 2 □ 3 ○ 99 2) Witnessed ○ 1 ○ 2
<pre>{Q41C _2}     1.     2.     3.     99.     SHOW     Q42d.     1.     2.     3.     SHOW     Q42e.</pre>	Please select all that apply.         In my team         In my department but not in my team         From another department         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 6 OR Q42a.2=1 2 3 5 6 (Q41A_2)         Have you reported it?	□ 1 □ 2 □ 3 ○ 99 1) Experienced ○ 1 ○ 2 ○ 99	□ 1 □ 2 □ 3 ○ 99 2) Witnessed ○ 1 ○ 2 ○ 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
		2) Withessed
1. Lack of processes in place	□ 1	□ 1
<ol> <li>Wasn't provided information on how or who to report to</li> </ol>	□ 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
98. 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	Please select one response (Q41F_2)				
	1) Experienced	2) Witnessed			
1. Yes	0 1	O 1			
2. No	0 2	O 2			
3. Unsure	O 3	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	O 1	O 1	
2. No	O 2	02	
3. Unsure	03	03	



#### SHOW IF Q42a.1=1|2|3|5|6 OR Q42a.2=1|2|3|5|6 Q42xh. How has the incident adversely affected your medical training? Please select one response (NEW) 2) Witnessed 1) Experienced 1. No effect 01 01 O 2 O 2 2. Minor effect 3. Moderate effect O 3 03 04 04 4. Major effect 5. Unsure 05 05 Q43. If you needed support, do you know how to Yes 01 access support for your health (including No 02 for stress and other psychological distress)? Unsure Ο3

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
1.	The amount of work I am expected to do	04	03	O 2	O 1
2.	Having to work <b>paid</b> overtime	04	O 3	O 2	O 1
3.	Having to work <b>unpaid</b> overtime	04	03	02	O 1
4.	Dealing with patient expectations	04	03	O 2	O 1
5.	Dealing with patients' families	04	03	02	O 1
6.	Expectations of supervisors	04	03	O 2	O 1
7.	Supervisor feedback	04	03	02	O 1
8.	Having to relocate for work	04	O 3	02	O 1
9.	Being expected to do work that I don't feel confident doing	0 4	03	02	01
11.	Lack of appreciation	04	O 3	02	O 1
12.	Workplace conflict	04	O 3	O 2	O 1
Q45.	How would you rate your workload in your	Very light			0 1
	setting?	Light			0 2
	Please select one response only.				



06

07

08

09

		Moderate	03
	HOVERTEXT FOR 'SETTING'	Heavy	04
	Setting is the current or most recent workplace, placement or rotation where at	Very heavy	05
	least 2 weeks have been completed as part		
{Q44}	of your training.		
Q46.	On average in the past month, how many	20 hours or less	01
	hours <u>per week</u> have you worked?	21 – 30 hours	02
	HOVERTEXT FOR 'PER WEEK'	<u>31 – 40 hours</u>	03
	This includes rostered, unrostered, claimed and unclaimed overtime and recall – this	<u>41 – 50 hours</u>	04
	does not include undisturbed on-call	51 – 60 hours	05

61 - 70 hours

<u>71 – 80 hours</u>

81 - 90 hours

More than 90 hours

Please select one response only.

{Q45}

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

{Q46}		Alw	/ays	Most of the time	Sometimes	Never	Not Applicable
1.	You get paid for the unrostered overtime	0	4	0 3	0 2	0 1	O 99
2.	Working unrostered overtime have a negative impact on your training	0	4	03	02	O 1	O 99
3.	Working unrostered overtime provide you with more training opportunities	0	4	03	02	O 1	O 99
Q63a.	Have you accessed, or considered accessing, flexible working arrangemer	nts in			flexible working		

accessing, flexible working arrangements in your setting?	I have considered accessing flexible working arrangements but chose not to access       O 2
Flexible working arrangements could	I have considered accessing flexible working arrangements but
include changes in hours of work, in	was unable to access O 3
patterns of work, in locations of work, or other changes to standard working	I have not accessed, and have not required flexible working
arrangements agreed to by yourself and	arrangements O 4
your employer.	Prefer not to say O 99
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.	
or your training.	
Please select one response only.	



ASK IF Q63a=1, 2 OR 3 Q64. SHOW IF Q63a=1 What sort of flexible arrangements did you access? SHOW IF Q63a=2 OR 3 What sort of flexible arrangements would you have liked to access? HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS'	Changes in hours of work (for example, reduction in hours worked, changes to start/finish times)       1         Changes in patterns of work (for example, working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts)       2         Changes in location of work (for example, working from home or working from another location)       3         Other       4         Prefer not to say       0       99
Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer.	
Please select all that apply.	
ASK IF Q63a=1	Yes, the arrangements I accessed met all of my needs O 1
Q63b. Did the flexible working arrangements you accessed in your setting meet your needs?	The arrangements I accessed met some, but not all, of my         needs       O 2         No, the arrangements I accessed did not meet my needs       O 3
<ul> <li>HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS'</li> <li>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.</li> <li>HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part</li> </ul>	Prefer not to say O 99



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         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.       1 do not feel comfortable asking for flexible working arrangements in my current setting       4         HOVERTEXT FOR 'SETTING'       1 feel 1 am not senior enough to access flexible working arrangements of your training.       5         Hoversex select all that apply.       1 don't feel 1 had the option to access flexible working arrangements       7         Please select all that apply.       0 other       9	ASK IF Q63a=2 OR 3	Flexible working arrangements were not offered
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.       I do not feel comfortable asking for flexible working arrangements in my current setting       4         HOVERTEXT FOR 'SETTING' Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.       I do not feel comfortable asking for flexible working arrangements in my current setting       4         I do not feel comfortable asking for flexible working arrangements in my current setting       5         I do not feel comfortable asking for flexible working arrangements in my current setting       4         I do not feel comfortable asking for flexible working arrangements in my current setting       5         I do not feel l am not senior enough to access flexible working arrangements       5         I am currently employed on a short-term contract, or have other employment terms, which do not allow for flexible working arrangements       6         I didn't have access to information or knowledge to know how to access flexible working arrangements       7         I didn't feel I had the option to access flexible working arrangements       8         Other       9	been unable to access, flexible working	needs     2       Flexible working arrangements are not available in my current
	<ul> <li>ARRANGEMENTS'</li> <li>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.</li> <li>HOVERTEXT FOR 'SETTING'</li> <li>Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.</li> </ul>	I do not feel comfortable asking for flexible working arrangements in my current setting       I 4         I feel I am not senior enough to access flexible working arrangements       5         I am currently employed on a short-term contract, or have other employment terms, which do not allow for flexible working arrangements       6         I didn't have access to information or knowledge to know how to access flexible working arrangements       7         I didn't feel I had the option to access flexible working arrangements       8         Other       9



PATIENT SAFETY							
Q48.	<ul> <li>quality of your training on how to raise concerns about patient safety?</li> <li>Please select one response only.</li> <li>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.</li> </ul>	ExcellentO 5GoodO 4AverageO 3					
		Average Poor					
		Terrible				<u> </u>	
		I did not receive training				0 6	
{Q49}							
Q49.	<ul> <li>Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements?</li> <li>Please select one response per row.</li> <li>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.</li> </ul>						
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
1.	I know how to report concerns about patient care and safety	05	04	O 3	O 2	O 1	
2.	There is a culture of proactively dealing with concerns about patient care and safety	05	04	O 3	O 2	O 1	
3.	I am confident to raise concerns about patient care and safety	05	O 4	O 3	O 2	O 1	
4.	There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners	05	O 4	03	02	O 1	
5.	I have received training on how to provide culturally safe care	05	04	03	02	01	



#### **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. Neither Strongly Strongly Disagree Agree Agree nor Disagree Agree Disagree 1. I would recommend my current training O 5 04 Ο3 O 2 01 position to other doctors 2. I would recommend my current workplace O 5 O 4 Ο3 O 2 01 as a place to train

## FUTURE CAREER INTENTIONS

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

Q51a.	1a. Do you intend to continue in your specialty training program?	Yes	01
{Q53a}		No	02
		Undecided	03

Q54. {Q56}	Thinking about your future career, to what extent do you agree or disagree with the following statements? <b>Please select one response per row.</b>					
		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	Ο 3	O 2	O 1
2.	I am interested in rural practice	05	04	03	02	01
3.	I am interested in getting involved in medical research	O 5	O 4	Ο 3	O 2	O 1
4.	I am interested in getting involved in medical teaching	05	04	Ο 3	O 2	O 1
5.	I am concerned I will not successfully complete my training program to attain Fellowship	05	04	03	02	O 1
6.	I am concerned about whether I will be able to secure employment on completion of training	05	04	03	02	O 1
7.	I am considering a future outside of medicine	05	04	O 3	O 2	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. Q55. Do you identify as ...? Man or male 01 Please select one response only. Woman or female O 2 Gender refers to current gender, which may Non-binary 03 be different to sex recorded at birth and I use a different term 04 may be different to what is indicated on legal documents O 99 Prefer not to say Q56. What is your age? 20 to 24 01 Please select one response only. 25 to 29 O 2 30 to 34 Ο3 35 to 39 04 40 to 45 O 5 45+ 06 O 99 Prefer not to say Q57. Do you identify as an Australian Aboriginal Yes – Aboriginal 01 and/or Torres Strait Islander person? Yes – Torres Strait Islander O 2 Please select one response only. Yes - Both Aboriginal and Torres Strait Islander Ο3 No 04 Prefer not to say O 99 Q60. Do you identify as a person with a Yes 01 disability? No O 2 Please note, the definition of disability Prefer not to say O 99 includes sensory, intellectual, neurodiverse, physical and mental illness where the disability is permanent or is likely to be permanent. Please select one response only.



Q61.	During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others? <b>Please select all that apply.</b>	Yes – Sole parenting responsibilities Yes – Co-parenting responsibilities Yes – Primary caregiving responsibilities (for adult(s)) Yes – Shared caregiving responsibilities (for adult(s)) No Prefer not to say	□ 1 □ 2 □ 3 □ 4 ○ 5 ○ 99
Q58a. {Q6a}	Did you complete your primary medical degree in Australia or New Zealand? <b>Please select one response only.</b>	Yes - Australia Yes - New Zealand No - Elsewhere	0 1 0 2 0 3
ASK IF Q59b. (Q6b)	<ul> <li>Q58a=3 (Q6a=3)</li> <li>In which country did you complete your primary medical degree?</li> <li>Please type in and select.</li> </ul>	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.