This is a copy of the Specialist Non-GP Trainee 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 here. For any technical problems with this survey please send an e-mail by selecting on the link that appears at the bottom of each page.

Medical Training Survey – Main Survey Introduction

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

Click here for more information about participation.

How to complete the survey

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

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

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

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

Please press **NEXT** to continue.

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

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.** {Q1}	PGY1	○ 01
		PGY2	○ 02
		PGY3	○ 03
		PGY4	○ 04
		PGY5	○ 05
		PGY6	○ 06
		PGY7	○ 07
		PGY8	○ 08
		PGY9	○ 09
		PGY≥10	○ 10

Q2.	Are you employed: **Please select one response only.** {Q61}	Full time	○ 1
		Part time	○ 2
		Casually	○ 3
		On leave for most of your current rotation	**TERMINATE 1** ○ 99

TERMINATE 1:
Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors in training who are not on leave for extended periods – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email 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? {Q3}	Yes	○ 1
		No	○ 2

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

Q4.	In which state or territory is your current term/rotation/placement based?	ACT	○ 01
		NSW	○ 02
		NT	○ 03
		QLD	○ 04
	If you have only been practising or training in your current state or territory for less than two weeks, please select the state or territory for your previous setting.	SA	○ 05
		Tas.	○ 06
		Vic.	○ 07
	Please select one response only.	WA	○ 08
{Q2}		Outside Australia **TERMINATE 2**	○ 09

TERMINATE 2:

Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors who are in Australia for their current placement – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email 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	○ 1
		No	○ 2
	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.		
{Q8a}			

ASK IF Q5a=1 {Q8a=1}		**PIPE RESPONSES BY FROM STATE LIST Q4**{Q2}	○ 01
			○ 02
Q5b.	Which hospital do you work at?		○ 03
	If you work at more than one hospital, select where you spend most time.		○ 04
			○ 05
	If you have only been practising or training in your current hospital for less than two weeks, please consider your previous hospital.		○ 06
		Other	○ 97
	Please type in and select.	Do not wish to specify	○ 98
{Q8b}			

ASK IF Q5a=1 {Q8a} Q5c. Select any additional settings you work in. This question refers to your additional <u>clinical settings/workplace</u>, not your role/rotation/position. **ASK IF Q5a=2** {Q8a} Q5c. Which settings do you work in? **Please select all that apply** **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. {Q5c}	Aboriginal and Torres Strait Islander health service □ 01 Aged care facility □ 02 Community health service □ 03 Correctional services □ 04 General practice clinic □ 05 Other □ 97 Not applicable ○ 98
ASK IF Q5a=2 OR Q5b=97 OR Q5b=98 ELSE PIPE FROM DATABASE {Q8a=2|Q8b=97|98} Q6. Is your current setting in a…? **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. {Q62}	Metropolitan area (e.g. capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra) ○ 1 Regional area (e.g. within or less than 15km from a town with a population of at least 15,000 that is not a capital city) ○ 2 Rural area (e.g. more than 15km from the closest town with a population of at least 15,000) ○ 3 Do not wish to specify ○ 99
Q7. What is your role in the setting? **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. {Q4}	Resident Medical Officer / Hospital Medical Officer ○ 2 Principal House Officer ○ 4 Career Medical Officer ○ 6 Registrar ○ 7 Unaccredited Registrar ○ 9 Other ○ 97

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 ○ 01 Anaesthesia ○ 02

Please select one response only.	Dermatology ○ 03
{Q7}	Emergency medicine ○ 04
If you have only been practising or training in your current area for less than two weeks, please select the area for your previous setting.	General practice ○ 05
	Intensive care medicine ○ 06
	Medical administration ○ 07
	Obstetrics and gynaecology ○ 08
	Occupational and environmental medicine ○ 09
	Ophthalmology ○ 10
	Paediatrics and child health (inc. specialties) ○ 11
	Pain medicine ○ 12
	Palliative medicine ○ 13
	Pathology ○ 14
	Physician Adult medicine (inc. specialties) ○ 15
	Psychiatry ○ 16
	Public health medicine ○ 17
	Radiation oncology ○ 18
	Radiology ○ 19
	Rehabilitation medicine ○ 20
	Sexual health medicine ○ 21
	Sport and exercise medicine ○ 22
	Surgery ○ 23
	Other ○ 97

ASK IF Q9a = 4 | 6 | 8 | 11 | 14 | 15 | 19 | 23	**Emergency Medicine**	**[04]**
{Q7=4|6|8|11|14|15|19|23}	Paediatric emergency medicine	O 12
	Not applicable	O 98
Q9b. If applicable, which subspecialty area are you practising in?	Prefer not to say	O 99

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	O 99

Intensive care medicine	**[06]**
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

Pathology	**[14]**
General pathology	O 27
Anatomical pathology (including cytopathology)	O 28
Chemical pathology	O 29
Haematology	O 30
Immunology	O 31
Microbiology	O 32
Forensic pathology	O 33
Not applicable	O 98
Prefer not to say	O 99

Physician Adult medicine	**[15]**
General medicine	O 34
Cardiology	O 35
Clinical genetics	O 36
Clinical pharmacology	O 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	O 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	O 52
Neurosurgery	O 53
Otolaryngology – head and neck surgery	O 54
Oral and maxillofacial surgery	O 55
Paediatric surgery	O 56
Plastic surgery	O 57
Urology	O 58
Vascular surgery	O 59
Not applicable	O 98
Prefer not to say	O 99

Q14.	Which specialist training program(s) are you doing? **Please select all that apply, up to a maximum of two.** **PROGRAMMER NOTE:** **CREATE HIDDEN VARIABLE [COLLEGE] FOR PIPING, ROTATE TEXT AFTER THE EM DASH, REMOVE ANY "THE" PREFIXES** {Q15}	Addiction medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 01
		Anaesthesia – Australian and New Zealand College of Anaesthetists **(ANZCA)** ☐ 02
		Dermatology – The Australasian College of Dermatologists **(ACD)** ☐ 03
		Emergency medicine – Australasian College for Emergency Medicine **(ACEM)** ☐ 04
		General practice – Australian College of Rural and Remote Medicine **(ACRRM)** ☐ 05
		General practice – The Royal Australian College of General Practitioners **(RACGP)** ☐ 06
		Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand **(CICM)** ☐ 09
		Medical administration – The Royal Australasian College of Medical Administrators **(RACMA)** ☐ 10
		Obstetrics and gynaecology – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists **(RANZCOG)** ☐ 11
		Occupational and environmental medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 12
		Ophthalmology – The Royal Australian and New Zealand College of Ophthalmologists **(RANZCO)** ☐ 13
		Paediatrics and child health – The Royal Australasian College of Physicians **(RACP)** ☐ 14
		Pain medicine – Australian and New Zealand College of Anaesthetists **(ANZCA)** ☐ 15
		Palliative medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 16
		Pathology – The Royal College of Pathologists of Australasia **(RCPA)** ☐ 17
		Physician – The Royal Australasian College of Physicians **(RACP)** ☐ 18
		Psychiatry – The Royal Australian and New Zealand College of Psychiatrists **(RANZCP)** ☐ 19
		Public health medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 20
		Radiation oncology – The Royal Australian and New Zealand College of Radiologists **(RANZCR)** ☐ 21
		Radiology – The Royal Australian and New Zealand College of Radiologists **(RANZCR)** ☐ 22
		Rehabilitation medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 23
		Sexual health medicine – The Royal Australasian College of Physicians **(RACP)** ☐ 24
		Sports and exercise medicine – Australasian College of Sport and Exercise Physicians **(ACSEP)** ☐ 25
		Surgery – Royal Australasian College of Surgeons **(RACS)** ☐ 26
		Surgery – Oral and maxillofacial surgery – Royal Australasian College of Dental Surgeons **(RACDS)** ☐ 27

ASK FOR EACH COLLEGE IN Q14 {Q15X=1}

Q15.   How many years have you been in the **[INSERT COLLEGE SELECTED]** training program?

Please select one response only.

{Q17}

1 or less	O 01
2	O 02
3	O 03
4	O 04
5	O 05
6	O 06
7	O 07
8	O 08
9	O 09
More than 10	O 10
Don't know	O 11

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

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

Q21.   Thinking about your **[INSERT COLLEGE FROM Q14]** {Q15} 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	O 5	O 4	O 3	O 2	O 1	O 99
2. There are opportunities to meet the requirements of the training program in my current setting	O 5	O 4	O 3	O 2	O 1	O 99
3. I understand what I need to do to meet my training program requirements	O 5	O 4	O 3	O 2	O 1	O 99
4. The College supports flexible training arrangements	O 5	O 4	O 3	O 2	O 1	O 99

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	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
2.	My College clearly communicates with me about changes to my training program and how they affect me	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
3.	I know who to contact at the College about my training program	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99

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

{Q24a}

		Yes	No
1.	**PIPE [College]**	○ 1	○ 2

ASK IF Q23aX=1 {Q24ax=1}

Q23b. Have you received the results of your most recent exam from…?
Please select one response per row.

{Q24c}

		Yes	No
1.	**PIPE [College]**	○ 1	○ 2

ASK IF Q23bX=1 {Q24cx=1}

Q23c. Did you pass the exam for…?
Please select one response per row.

{Q25a}

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

ASK IF Q23a=1 {Q23a}

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

Please select one response per row.

{Q26a}

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

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

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	○ 5	○ 4	○ 3	○ 2	○ 1
2.	I am represented by doctors in training on the College's training and/or education committees	○ 5	○ 4	○ 3	○ 2	○ 1
3.	I am able to discuss the College training program with other doctors	○ 5	○ 4	○ 3	○ 2	○ 1
4.	The College provides me with access to psychological and/or mental health support services	○ 5	○ 4	○ 3	○ 2	○ 1
5.	There are safe mechanisms for raising training/wellbeing concerns with the College	○ 5	○ 4	○ 3	○ 2	○ 1

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

ORIENTATION

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

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

ASK IF Q27a=1 OR 2 {Q29a=1|2} Q27b. How would you rate the quality of your orientation? **Please select one response only.** {Q29b}	Excellent ○ 5 Good ○ 4 Average ○ 3 Poor ○ 2 Terrible ○ 1

CLINICAL SUPERVISION

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

Q28.	In your setting, who mainly provides your day-to-day clinical supervision? **Please select one response only.** **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. {Q30}	Specialist (including specialist GP) ○ 1 Registrar ○ 2 Other doctor ○ 3 Nurse ○ 4 Other ○ 5 I don't have a clinical supervisor **Go to Q32** {Q34} ○ 6

ASK IF Q28=1 TO 5 {Q30=1:5}

Q29. To what extent do you agree or disagree with the following statements?

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

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.
{Q31}

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

1.	I am able to contact other senior medical staff **IN HOURS** if I am concerned about a patient	○ 5	○ 4	○ 3	○ 2	○ 1
2.	I am able to contact other senior medical staff **AFTER HOURS** if I am concerned about a patient	○ 5	○ 4	○ 3	○ 2	○ 1

ASK IF Q28=1 TO 5 {Q30=1:5}

Q30.   We'd now like you to give a rating for the following statements, 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

{Q32a}

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

ASK IF Q28=1 TO 5 {Q30=1:5} Q31. For your setting, how would you rate the quality of your clinical supervision? **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. {Q33}	Excellent ⃝ 5 Good ⃝ 4 Average ⃝ 3 Poor ⃝ 2 Terrible ⃝ 1
Q32. Has your performance been assessed in your setting? **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. {Q34}	Yes ⃝ 1 No – but this is scheduled ⃝ 2 No – but I would like to be ⃝ 3 No – it's not necessary ⃝ 4 Unsure ⃝ 5

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.
{Q22}

		Yes	No	Not applicable
1.	Theoretical knowledge	○ 1	○ 2	○ 3
2.	Clinical skills	○ 1	○ 2	○ 3
3.	Procedural skills	○ 1	○ 2	○ 3
9.	Teaching and supervision skills	○ 1	○ 2	○ 3
4.	Ethics	○ 1	○ 2	○ 3
5.	Leadership and management	○ 1	○ 2	○ 3
6.	Communication	○ 1	○ 2	○ 3
7.	Cultural safety	○ 1	○ 2	○ 3
8.	Research	○ 1	○ 2	○ 3

Q33. Thinking about your access to opportunities to **develop your skills**, to what extent do you agree or disagree with the following statements?
In my setting…
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.
{Q35}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not applicable
3.	I can access the training opportunities available to me	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
4.	I have to compete with **other doctors** for access to opportunities	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
5.	I have to compete with **other health professionals** for access to opportunities	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99

| Q34. | Thinking about **access to teaching and research** in your setting, to what extent do you agree or disagree with the following statements?
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 | ○ 5 | ○ 4 | ○ 3 | ○ 2 | ○ 1 |
| 2. | | | | | | |
| 3. | I am able to attend conferences, courses and/or external education events | ○ 5 | ○ 4 | ○ 3 | ○ 2 | ○ 1 |
| 5. | My employer supports me to attend formal and informal teaching sessions | ○ 5 | ○ 4 | ○ 3 | ○ 2 | ○ 1 |
| 6. | I am able to participate in research activities | ○ 5 | ○ 4 | ○ 3 | ○ 2 | ○ 1 |

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

My job responsibilities…
Please select one response only.
{Q37} | **Never** prevent me from meeting my training requirements ○ 1
Rarely prevent me from meeting my training requirements ○ 2
Sometimes prevent me from meeting my training requirements ○ 3
Often prevent me from meeting my training requirements ○ 4 |
| --- | --- | --- |

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

Please select one response per row.

{Q14}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not available
1.	Formal education program	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
2.	Online modules (formal and/or informal)	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
3.	Teaching in the course of patient care (bedside teaching)	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
4.	<u>Team or unit based activities</u> **HOVERTEXT** Such as mortality and morbidity audits (M&Ms), other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
5.	Medical/surgical and/or hospital-wide meetings such as grand round and/or practice based meetings	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
6.	Multidisciplinary meetings	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
7.	Simulation teaching	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
8.	Access to mentoring	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99

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

Please select one response only.

{Q38}

Excellent	○ 5
Good	○ 4
Average	○ 3
Poor	○ 2
Terrible	○ 1

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	○ 5	○ 4	○ 3	○ 2	○ 1	○ 98	○ 99
2.	Educational resources	○ 5	○ 4	○ 3	○ 2	○ 1	○ 98	○ 99
3.	Working space, such as a desk and computer	○ 5	○ 4	○ 3	○ 2	○ 1	○ 98	○ 99
4.	Teaching spaces	○ 5	○ 4	○ 3	○ 2	○ 1	○ 98	○ 99

Q41. Thinking about the **workplace environment and culture in your setting**, to what extent do you agree or disagree with the following statements?
HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.

Please select one response per row.

{Q40}

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

Q42a. Thinking about your workplace, have you experienced and/or witnessed any of the following in the past 12 months?
Please select all that apply per column.

PROGRAMMER NOTE: REFERENCE TO BE LOCATED AT BOTTOM OF QUESTION

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

{Q41A_2}

	1) Experienced	2) Witnessed
1. **Bullying** *The Fair Work Amendment Act 2013 defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety.**	☐ 1	☐ 1
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**	○ 4	○ 4

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

SHOW IF Q42a.1=1|2|3|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
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/administrative staff	☐ 5	☐ 5
6. Patient and/or patient family/carer	☐ 6	☐ 6

	1) Experienced	2) Witnessed
7. Other	☐ 7	☐ 7
99. Prefer not to say	○ 99	○ 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
3. From another department	☐ 3	☐ 3
99. Prefer not to say	○ 99	○ 99

SHOW IF Q42c.1=1|2| or Q42c.2=1|2| {Q41C_2}

Q42d. Was the person(s) one of your supervisors?
Please select one response {Q41D_2}

	1) Experienced	2) Witnessed
1. Yes	○ 1	○ 1
2. No	○ 2	○ 2
3. Prefer not to say	○ 99	○ 99

SHOW IF Q42a.1=1|2|3|5 OR Q42a.2=1|2|3|5 {Q41A_2}

Q42e. Have you reported it?
Please select one response {Q41E_2}

	1) Experienced	2) Witnessed
1. Yes	○ 1	○ 1
2. No	○ 2	○ 2

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
2.	Wasn't provided information on how or who to report to	☐ 2	☐ 2
3.	Concern about repercussions	☐ 3	☐ 3
4.	Lack of support	☐ 4	☐ 4
5.	Nothing 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	○ 99	○ 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	○ 1	○ 1
2.	No	○ 2	○ 2
3.	Unsure	○ 3	○ 3

SHOW IF Q42xf.1=1| OR Q42xf.2=1| {NEW}

Q42xg.   Are you satisfied with how the report was followed-up?
Please select one response {NEW}

		1) Experienced	2) Witnessed
1.	Yes	○ 1	○ 1
2.	No	○ 2	○ 2
3.	Unsure	○ 3	○ 3

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	○ 1	○ 1
2. Minor effect	○ 2	○ 2
3. Moderate effect	○ 3	○ 3
4. Major effect	○ 4	○ 4
5. Unsure	○ 5	○ 5

Q43.	If you needed support, do you know how to access support for your health (including for stress and other psychological distress)? {Q42}	Yes ○ 1 No ○ 2 Unsure ○ 3

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

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

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

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	○ 4	○ 3	○ 2	○ 1
02.	Having to work **paid** overtime	○ 4	○ 3	○ 2	○ 1
03.	Having to work **unpaid** overtime	○ 4	○ 3	○ 2	○ 1
04.	Dealing with patient expectations	○ 4	○ 3	○ 2	○ 1
05.	Dealing with patients' families	○ 4	○ 3	○ 2	○ 1
08.	Having to relocate for work	○ 4	○ 3	○ 2	○ 1
09.	Being expected to do work that I don't feel confident doing	○ 4	○ 3	○ 2	○ 1
10.	Limited access to senior clinicians	○ 4	○ 3	○ 2	○ 1
11.	Lack of appreciation	○ 4	○ 3	○ 2	○ 1
12.	Workplace conflict	○ 4	○ 3	○ 2	○ 1

Q45. How would you rate your workload in your setting?

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.

{Q44}

Very light	○ 1
Light	○ 2
Moderate	○ 3
Heavy	○ 4
Very heavy	○ 5

Q46.	On average in the past month, how many hours per week have you worked? **HOVERTEXT FOR 'PER WEEK'** This includes rostered, unrostered, claimed and unclaimed overtime and recall – this does not include undisturbed on-call **Please select one response only.** {Q45}	20 hours or less ○ 1 21 – 30 hours ○ 2 31 – 40 hours ○ 3 41 – 50 hours ○ 4 51 – 60 hours ○ 5 61 – 70 hours ○ 6 71 – 80 hours ○ 7 81 – 90 hours ○ 8 More than 90 hours ○ 9

Q47. For any unrostered overtime you have completed in 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	○ 4	○ 3	○ 2	○ 1	○ 99
2.	Working unrostered overtime have a negative impact on your training	○ 4	○ 3	○ 2	○ 1	○ 99
3.	Working unrostered overtime provide you with more training opportunities	○ 4	○ 3	○ 2	○ 1	○ 99

Q63a.	Have you accessed, or considered accessing, flexible working arrangements in your setting? *Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer.* **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. **Please select one response only.**	Yes, I have accessed flexible working arrangements ○ 1 I have considered accessing flexible working arrangements but chose not to access ○ 2 I have considered accessing flexible working arrangements but was unable to access ○ 3 I have not accessed, and have not required flexible working arrangements ○ 4 Prefer not to say ○ 99

ASK IF Q63a=1, 2 OR 3	Changes in hours of work (for example, reduction in hours worked, changes to start/finish times) □ 1
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) □ 2
SHOW IF Q63a=2 OR 3 What sort of flexible arrangements would you have liked to access?	Changes in location of work (for example, working from home or working from another location) □ 3
	Other □ 4
HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS' Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer. **Please select all that apply.**	Prefer not to say ○ 99

ASK IF Q63a=1	Yes, the arrangements I accessed met all of my needs ○ 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 ○ 2
	No, the arrangements I accessed did not meet my needs ○ 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 one response only.**	Prefer not to say ○ 99

ASK IF Q63a=2 OR 3 Q63c. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting? **HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS'** Flexible working arrangements could include changes in hours of work, in patterns of work, in locations of work, or other changes to standard working arrangements agreed to by yourself and your employer. **HOVERTEXT FOR 'SETTING'** Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training. **Please select all that apply.**	Flexible working arrangements were not offered ☐ 1 The flexible working arrangements offered did not meet my needs ☐ 2 Flexible working arrangements are not available in my current role or on my current rotation ☐ 3 I do not feel comfortable asking for flexible working arrangements in my current setting ☐ 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 Prefer not to say ○ 99

Q48.	In your setting, how would you rate the quality of your training on how to raise concerns about patient safety? **Please select one response only.**	Excellent	○ 5
		Good	○ 4
		Average	○ 3
	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.	Poor	○ 2
		Terrible	○ 1

{Q49}

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.

{Q50}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I know how to report concerns about patient care and safety	○ 5	○ 4	○ 3	○ 2	○ 1
2.	There is a culture of proactively dealing with concerns about patient care and safety	○ 5	○ 4	○ 3	○ 2	○ 1
3.	I am confident to raise concerns about patient care and safety	○ 5	○ 4	○ 3	○ 2	○ 1
4.	There are processes in place at my workplace to support the safe handover of patients between shifts / practitioners	○ 5	○ 4	○ 3	○ 2	○ 1
5.	I have received training on how to provide culturally safe care	○ 5	○ 4	○ 3	○ 2	○ 1

OVERALL SATISFACTION

Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?
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	○ 5	○ 4	○ 3	○ 2	○ 1
2.	I would recommend my **current workplace** as a place to train	○ 5	○ 4	○ 3	○ 2	○ 1

FUTURE CAREER INTENTIONS

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

Q51a. Do you intend to continue in your specialty training program? {Q53a}	Yes ○ 1
	No ○ 2
	Undecided ○ 3

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

{Q56}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have an interest in Aboriginal and Torres Strait Islander health/healthcare	○ 5	○ 4	○ 3	○ 2	○ 1
2.	I am interested in rural practice	○ 5	○ 4	○ 3	○ 2	○ 1
3.	I am interested in getting involved in medical research	○ 5	○ 4	○ 3	○ 2	○ 1
4.	I am interested in getting involved in medical teaching	○ 5	○ 4	○ 3	○ 2	○ 1
5.	I am concerned I will not successfully complete my training program to attain Fellowship	○ 5	○ 4	○ 3	○ 2	○ 1
6.	I am concerned about whether I will be able to secure employment on completion of training	○ 5	○ 4	○ 3	○ 2	○ 1
7.	I am considering a future outside of medicine	○ 5	○ 4	○ 3	○ 2	○ 1

ABOUT YOU

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

Q55.	Do you identify as...? **Please select one response only.**		
	Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents	Man or male	O 1
		Woman or female	O 2
		Non-binary	O 3
{Q57}		Prefer not to say	O 99

Q56.	What is your age? **Please select one response only.**		
		20 to 24	O 1
		25 to 29	O 2
		30 to 34	O 3
		35 to 39	O 4
{Q58}		40 to 45	O 5
		45+	O 6
		Prefer not to say	O 99

Q57.	Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? **Please select one response only.**		
		Yes – Aboriginal	O 1
		Yes – Torres Strait Islander	O 2
		Yes – Both Aboriginal and Torres Strait Islander	O 3
{Q59}		No	O 4
		Prefer not to say	O 99

Q60.	Do you identify as a person with a disability?		
		Yes	O 1
		No	O 2
	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. **Please select one response only.**	Prefer not to say	O 99
{Q59}			

Q61.	During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others? **Please select all that apply.** {Q59}	Yes – Sole parenting responsibilities	☐ 1
		Yes – Co-parenting responsibilities	☐ 2
		Yes – Primary caregiving responsibilities (for adult(s))	☐ 3
		Yes – Shared caregiving responsibilities (for adult(s))	☐ 4
		No	○ 5
		Prefer not to say	○ 99

Q58a.	Did you complete your primary medical degree in Australia or New Zealand? **Please select one response only.** {Q6a}	Yes - Australia	○ 1
		Yes - New Zealand	○ 2
		No - Elsewhere	○ 3

ASK IF Q58a=3 {Q6a=3} **OR IMG** Q59b. In which country did you complete your primary medical degree? **Please type in and select.** {Q6b}	
	PROGRAMMER NOTE: ADD AUTOCOMPLETE DROP DOWN

THAT IS THE END OF THE SURVEY – THANK YOU

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.