New South Wales is leading the work on the Review of Medical Intern Training.

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INTRODUCTION

In April 2014, the COAG Health Council (CHC) commissioned an independent review of medical intern training to examine the current internship model and consider the potential reforms to support medical graduate transition into practice and further training.

The Review was undertaken in 2015 by Professor Andrew Wilson and Dr Anne Marie Feyer. The Reviewers made twenty separate recommendations to reform internship to better prepare the future medical workforce to practice in a changing and complex health care environment. The Review of Medical Intern Training Final report (‘The Report’) is available at: http://www.coaghealthcouncil.gov.au/MedicalInternReview.

The Australian Health Ministers’ Advisory Council (AHMAC) has requested that further work is undertaken to assess impacts of implementation of the recommendations before they are considered by Health Ministers. The Health Workforce Principal Committee (HWPC) is progressing work on providing advice on the intern recommendations. One of the recommendations made in the Report is about a national training survey:

That the following research and development activities occur to support the change process:

Identification of requirements for, and possible approaches to a national training survey to capture ongoing performance data, within 1-2 years.

(Recommendation 7a)

The Intern Review identified that there was variability in the supervision of interns and that improving supervision is a long-term process rather than something that can be rapidly fixed.

The Report recommends a number of measures should be implemented to resolve the issues of variability in supervision; these are:

• Build capacity for near to peer supervision and teaching;
• A national training survey;
• Teaching and supervision to be part of contracts and performance assessment; and
• Recognition of good supervision.1

The Report noted: "the UK national training survey occurs annually, with a take-up rate of close to 100%. It publishes trainee evaluation of training terms from foundation through to vocational training and is available online. We consider that widely available, regularly updated performance data, at a reasonably granular level, has the potential to drive behaviour and provide a basis for ongoing quality improvement".2

Further, “there may be value in a national scheme to recognise supervisors. Such a scheme could be based on a combination of indicators of good supervision such as results of national training surveys, local 360 degree assessments and participation in and completion of training in supervision of medical trainees”.3

The Review of Medical Intern Training Final report identifies four benefits of the national training survey undertaken in the United Kingdom:

• Empowers local quality improvement
• Informs policymaking and policy development
• Supports evaluation and influences policy change
• Provides meaningful data to track progress and inform change in medical education and training

While the issue of variability in supervision has been made concerning intern training it is recognised that variability of supervision is also an issue in vocational training.

In preparing for this workshop a scan of current surveys involving trainees and supervisors in Australia was undertaken. While there is significant activity in this area by a range of stakeholders there is no comprehensive national picture of what is the quality of medical training and supervision in Australia and there is little or no opportunity to compare survey results obtained by different stakeholders.

Further, from a trainee’s perspective there is no consolidated or published source of information regarding the quality of training and supervision within a specialty or at facilities that may assist a trainee make informed decision regarding their training pathway.
PURPOSE OF WORKSHOP

While the Review of Medical Intern Training and recommendations are focused on internship it is considered worthwhile and appropriate to consider if a national training survey is of value and has applicability across the prevocational and vocational training continuum.

The National Training Survey Workshop will bring together key stakeholders involved in prevocational and vocational training and trainees to identify:

- Support for a national medical training survey; and
- Aim of a national medical training survey.

In considering a national training survey workshop participants will examine existing surveys and consider:

- The reasons and the value for undertaking surveys;
- Challenges in survey delivery; and
- How current survey results are managed.

Workshop participants will also explore governance models as clear roles and responsibilities that facilitate strong stakeholder engagement will be critical to the successful implementation of a national training survey.

Questions:

Could a national training survey assist addressing variability in the level of supervision provided in both prevocational and vocational training in Australia?

Could a national training survey drive behaviour and provide a basis for on-going quality improvement?

Could a national training survey assist trainee make informed career decisions?
Medical training in Australia involves multiple stakeholders with different roles and responsibilities in the delivery of postgraduate medical education and training in Australia. In the last ten years, there has been significant growth in the number of prevocational and vocational trainees and an expansion of training settings beyond the traditional public teaching hospitals.

**Prevocational Medical Training**

On completion of medical school, medical graduates must complete an internship in order to be eligible for general registration. Between 2005 and 2014, the number of interns in Australia increased by 113%, with 3,205 undertaking their internship in 2014. The majority of intern positions are based in public hospitals with a small number located in the private hospital sector and general practices.

Interns must work in accredited intern positions and satisfactorily complete rotations in medicine, surgery and emergency medicine care to be eligible for general registration. The accreditation of intern training programs is undertaken by state and territory postgraduate medical councils. Postgraduate medical councils are accredited by the Australian Medical Council.

After completion of internship most doctors complete at least another year, usually in the public hospital system, to gain more experience before entering a vocational training program. In most states and territories, but not all, postgraduate medical councils also accredit postgraduate year two positions. Interns and PGY2s may undertake up to five different rotations per year across the various medical specialty terms. These rotations may also involve working between different training sites.

Table 1 shows the distribution of interns and postgraduate year (PGY) 2 doctors by state and territory in 2014.

**Vocational Medical Training**

Following completion of internship the majority of doctors choose to undertake specialty training so as to be able to work as a specialist medical practitioner. Training is provided through the specialist medical colleges and, in the case of general practice, through a network of Regional Training Organisations (RTOs). The Australian Medical Council (AMC) accredits medical colleges as providers of specialist medical training and their specialist training programs which lead to qualifications for practice in recognised medical specialties.

The point at which a doctor may first enter vocational training varies between the different medical colleges. Some training programs accept trainees after completion of their first postgraduate year (internship), but others require applicants to have completed a second or even third year of prevocational training before being eligible for entry into a specialty training program.

Between 2015 and 2014 the number of vocational trainees (basic and advanced) increased from 8,712 in 2005 to 19,158 in 2014. Table 2 shows the distribution of basic and trainees across states and territories in 2014.

### TABLE 1: Commencing Interns and PGY2 by state and territory, 2014

<table>
<thead>
<tr>
<th>State/Territory funded positions</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
<th>NT</th>
<th>ACT</th>
<th>AUS</th>
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<tbody>
<tr>
<td>Commencing Postgraduate year 2 trainees 2014 by state and territory</td>
<td>957</td>
<td>753</td>
<td>694</td>
<td>278</td>
<td>312</td>
<td>71</td>
<td>44</td>
<td>96</td>
<td>3205</td>
</tr>
<tr>
<td>Commonwealth funded positions*</td>
<td>61</td>
<td>15</td>
<td>76</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: Medical Training Review Panel (MTRP) 18th Report

Notes:
1. * PGY1 positions funded by the Commonwealth Government under the Commonwealth Medical Internship Initiative 2014.
2. Data does not include Australian Medical Council Graduates (AMC) who completed a supervised practice year in an intern position.
With the exception of general practice, the majority of vocational training still occurs in the public hospital system. However, in recent years there has been an increase in vocational training positions in the private sector.

The Commonwealth Specialist Training Programme (STP) provides support to enable medical specialist trainees to rotate through an expanded range of settings beyond traditional public teaching hospitals, such as private hospitals and rural and regional training settings. Over 900 vocational training positions in expanded settings are supported under this program across Australia.

**Supervisors**

Supervisors are critical in providing education and training, however national consolidated data on the number and location of this group is not available.

**Hospital Non-Specialists**

After completion of the PGY1 and PGY2 year not all doctors will enter vocational training. Some will continue to work in the hospital setting in order to obtain additional experience before applying for selection into vocational training.

In some states and territories these doctors may be referred to us unaccredited registrars or trainees. Some may choose to pursue a research career and others will continue to work in the hospital setting but in a non-vocational role as a Career Medical Officer (CMO) or equivalent. Between 2004 and 2014, the number of hospital non-specialists working in a clinical role grew from 6,202 to 9,599.5

**Questions:**

*Should hospital non-specialists be included in a national training survey?*

*Should supervisors be included in a national training survey?*

### TABLE 2: Basic and Advanced trainees by state and territory 2014

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
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<th>ACT</th>
<th>AUS</th>
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</thead>
<tbody>
<tr>
<td><strong>Basic trainees</strong>&lt;br&gt;by state and territory 2014</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>1824</td>
<td>1650</td>
<td>1414</td>
<td>476</td>
<td>644</td>
<td>146</td>
<td>66</td>
<td>147</td>
<td>6367</td>
</tr>
<tr>
<td><strong>Advanced trainees</strong>&lt;br&gt;by state and territory 2005 and 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>4203</td>
<td>3160</td>
<td>2634</td>
<td>969</td>
<td>1205</td>
<td>264</td>
<td>203</td>
<td>153</td>
<td>12791</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6027</td>
<td>4810</td>
<td>4084</td>
<td>1445</td>
<td>1849</td>
<td>410</td>
<td>269</td>
<td>300</td>
<td>19158</td>
</tr>
</tbody>
</table>

*Source: Medical Training Review Panel (MTRP) 18th Report*
Australian Medical Council (AMC)
The Australian Medical Council (AMC) is an independent national standards body for medical education and training. It is responsible for accrediting education providers and their programs of study for the medical profession.

The AMC accredits:
- Medical schools:
- Specialist medical colleges
- Postgraduate medical councils

Australian Health Practitioner Regulation Agency (AHPRA)
AHPRA supports the 14 National Boards, including the Medical Board of Australia, that are responsible for regulating the health professions. AHPRA’s operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010.

Medical Board of Australia (MBA)
The Medical Board of Australia has the following responsibilities:
- registering medical practitioners and medical students
- developing standards, codes and guidelines for the medical profession
- investigating notifications and complaints about medical practitioners
- assessing international medical graduates who wish to practise in Australia, and
- approving accreditation standards and accredited courses of study.

Employers
Postgraduate medical training is delivered in the workplace. The majority of prevocational and vocational training occurs in the public hospital system, however there are an increasing number of intern and specialist training positions in the private hospital system. Hospitals employ trainees and also engage their supervisors as either a Staff specialist or a Visiting Medical Officer.

General Practice training is delivered in general practices and trainees are employed by the general practice. Training sites must be accredited by the specialist medical colleges as meeting training program requirements.

Medical Specialist Colleges
Medical colleges are responsible for setting curriculum and professional vocational training standards, assessment, certification and continuing professional development in their medical specialist. To be eligible for specialist registration medical practitioners must complete an accredited specialist training program that is delivered by an accredited education provider. Medical specialist colleges in Australia are accredited by the AMC to deliver specialist training programs. There are sixteen accredited Medical colleges in Australia.

Postgraduate Medical Councils (PMCs)
Postgraduate Medical Councils have been established in all states and territories to provide oversight for prevocational education and training. PMCs are responsible for accrediting intern training positions in their state and territory and have developed accreditation standards. Interns can only work in accredited intern positions.

Regional Training Organisations (RTO)
General practice training is funded by the Australian Government and managed by the Department of Health (Health).

Nine (9) regional training organisations (RTOs) are contracted to deliver the Australian General Practice Training (AGPT) program nationally in accordance with the standards of the two general practice accredited medical colleges - colleges – the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

The two colleges accredit the RTOs. The RTOs, are responsible for accrediting GP training sites - hospital posts, general practices, Aboriginal Medical Services (AMS) and other medical facilities within their training region/s.
The National Training Survey - United Kingdom

Overview

Since 2006, the United Kingdom has undertaken a national survey of its doctors in training. Between 2006 and 2009 this survey was administered by the Postgraduate Medical Education and Training Board (PMETB), prior to its merger with the GMC. In 2010, the General Medical Council (GMC) assumed responsibility for the development and delivery of the survey. The survey produces quantitative and qualitative data that can be directly linked to the GMC national standards.

The Survey – Key points

• Includes all doctors in a GMC approved training post, approx. 54,000
• Survey period is 6 weeks, administered through a secure on-line portal
• Estimated time to complete is 15-20 minutes
• Results are published on the GMC website, 1 month after the survey closes
• The response rate in 2016 was 98.7% across all training programmes (Foundation, Core and Specialty, including General Practice)
• Medical Colleges are able to add program specific questions to the Training Survey and the majority participate
• In 2016, a survey for postgraduate clinical and educational supervisors was introduced to coincide with the doctors in training survey. The 2016 supervisor response rate was 53.3%

A number of Colleges independently run local surveys to address ad-hoc issues that arise. The GMC works closely with these Colleges in developing surveys to reduce duplication of questions that are asked in the National Survey.

The GMC expectation is that all doctors in training will complete the survey giving honest feedback on the quality of their education, as part of their professional responsibilities outlined in Good Medical Practice 2013, the GMC standard of practice for all Medical Doctors.

Furthermore doctors in training are required to undertake an Annual Review of Competence Progression (ARCP). One element of this review is to provide evidence of participation in systems of quality assurance and quality improvement. Completion of the National Training Survey is required as an element to meet this criterion. Once the survey is completed the doctor receives a completion code that can be entered on the ARCP form. Completion of the National Survey within the ARCP process ensures a high participation within this group and provides the GMC with a highly reliable sample to inform decision making.

Prior to the survey each year, the GMC requires each Deanery/ Local Education and Training Boards (LETB) to provide them with a list of their doctors in training and trainers. The training information provided determines the variables that affect the questions that will be presented to the doctor.

Structure

There are demographic and generic questions regarding the trainees’ current post. The generic questions are linked to the following themes:

• Overall Satisfaction
• Supportive environment
• Clinical Supervision
• Clinical supervision out of hours
• Induction
• Handover
• Workload
• Adequate experience
• Feedback
• Study Leave
• Regional teaching
• Local teaching
• Access to educational resources
• Educational supervision

In the UK Survey all survey questions are multiple choice questions, except for questions concerning patient safety concerns, bullying and undermining behavior. Questions concerning these two areas are free text.

All Colleges are able to develop a program specific question set, to test delivery of their curricula and assessment systems.
Managing survey comments

Responses to free text questions are not confidential. Deaneries/LETBs receive comments live during the survey window as soon as they are raised by respondents and need to investigate them and respond to comments via GMC Connect. The GMC reviews deanery/LETB survey comment responses to ensure appropriate action is being taken and send formal feedback to deaneries/LETBs.

Reporting

Responses to multiple choice questions are confidential and responses are only published where 3 or more doctors in training have responded. Reporting is at a Hospital/program group/Foundation year (intern) rotations and by specialty/location (hospital)/question area.

The reporting allows benchmarking against comparable organisations and a score card approach to reporting is used for several areas.

Further information and the 2016 GMC-NTS results can be found at: http://www.gmc-uk.org/education/surveys.asp

There is considerable support from both employers and trainees for conducting the national training survey.

Your Training Counts - Republic of Ireland

Your Training Counts is an annual national trainee experience survey that is undertaken by the Medical Council of Ireland. The Medical Council of Ireland is responsible for setting and monitoring standards for medical education and training throughout the professional life of a doctor: undergraduate medical education, intern and postgraduate training and lifelong learning.

The objectives of the Your Training Counts survey are:

- To monitor trainee views on clinical learning environments in Ireland;
- To monitor trainee views on other aspects of postgraduate medical education and training that impact on achievement;
- To inform the role of the Medical Council in safeguarding the quality of medical education and training by identifying opportunities for strengthening standards and guidance, and through focusing on its quality assessment role; and
- To inform dialogue and collaboration between all individuals and bodies involved in medical education and training in Ireland so as to continually improve the experience and outcomes of trainees in Ireland.

An employer’s view

‘The GMC’s invaluable reporting tool allows employers to study the survey responses and compare by local education provider, specialty or deanship. It allows employers to benchmark against comparable organisations and compare their own performance over time to track where there may be outliers and improvements as a result of previous actions.’

A trainee doctor’s view

‘It’s really important to raise concerns locally but it’s often hard for trainees, especially those at foundation level or in a small place, to speak out. The national training survey gives doctors in training another opportunity to do this, collectively.’
The first survey was undertaken in 2014 and has been repeated in 2015 and 2016. Results of the 2014 and 2015 Your Training Counts surveys can be viewed at https://www.medicalcouncil.ie/News-and-Publications/Publications/Education-Training/

Participation in the survey is voluntary. All doctors registered with the Medical Council as an Intern or on the Trainee Specialist Division of the Council’s register are eligible to take part in the survey. Doctors who are not part of a recognised training program are not eligible to participate in the survey. The Medical Council provides this as the reason for not including this cohort of doctors in the survey: The Medical Council has a duty to look at the quality of officially recognised training programmes and sites. This is where we also have powers to take action. We do not have a specific role or powers to address the training experience of doctors who are pursuing experience outside recognised training posts and programmes, so they are not included in this particular survey.6

The survey is confidential and only aggregated and anonymous results which are not attributable to any individual trainee are shared and published. The Medical Council advises on its website: We would never share identifiable information provided by you with your employer, your trainer or with your training body without your full consent to do so.7

The Your Training Counts survey includes over 100 questions. The Medical Council of Ireland chose to use D-RECT, the Dutch Residency Educational Climate Test, as a way to collect trainee views on the clinical learning environment in Ireland. The survey includes 50 questions from D-RECT and 50 additional questions seeking views on induction, orientation, bullying and undermining behaviours and on safety and patient quality in the clinical environment.

The Your Training Counts survey used the GMC National Training Survey as the source of these questions. The 2015 survey generally repeated the questions used in the 2014 survey so that changes could be tracked but with some new questions added. The Your Training Counts survey consists of closed answer questions with trainees asked to respond using a 5-point Likert scale.

The 2014 and 2015 surveys were open for 12 weeks from May through to July. Trainees were asked to respond about either their current training post or their previous training post if they had rotated in the preceding month. There are approximately 3,000 trainees in Ireland who were invited to participate in the 2014 and 2015 surveys. For the 2014 survey the incentive of entry into a draw to win one of ten gift vouchers valued at 100 Euro was used as an encouragement to participate in the survey.8

The response for the 2014 survey was 53%. The response rate for the 2015 survey was 37%.9

Questions:

In the UK the General Medical Council and in Ireland the Medical Council of Ireland administer the national training survey. If a national training survey were implemented in Australia who could administer the survey?

In the UK and Ireland the results of the national training surveys are published. If implemented in Australia should the results be published?

Both the GMC National Training Survey and Your training Counts surveys explore other issues in addition to training, e.g. career intentions. What other issues could be explored?

In Australia what would be responsible for following up issues raised through the survey?
MEDICAL WORKFORCE AND TRAINING SURVEYS IN AUSTRALIA

In considering the need and purpose of a national medical training survey a scan of medical workforce surveys which have been or currently are undertaken in Australia. Most medical trainees are participating in or have the opportunity to respond to one or more workforce and/or training surveys currently being undertaken in Australia either on a regular or ad hoc basis.

It is acknowledged that the information provided is not a complete list of all medical workforce surveys undertaken. Where public, published information is available this has been accessed. There is limited publicly available information or published results on surveys of trainees undertaken by medical colleges and postgraduate medical councils. Survey information was directly requested from them.

Medical Workforce Survey

The Medical Workforce Survey collects information on the employment characteristics, primary work location and work activity of medical practitioners in Australia who renewed their registration with the Medical Board of Australia.

The Medical Workforce Survey is an annual survey. Medical practitioners are asked to complete the Survey either online or using a paper form at the time they renew their registration. The majority of medical practitioners renew their registrations on 30 September each year. However, limited and provisional registration renewals occur on the anniversary of when the individual practitioner last registered or renewed.

The overall response rate to the 2014 survey was 91.8%, with 96.3% completing the 2014 version of the survey online, and 3.1% completing the 2014 version of the survey on paper.\(^{10}\)

The Medical Workforce Survey is administered by the Australian Health Practitioner Regulation Agency (AHPRA).

This Medical Workforce Survey data is combined with the registration data to form the National Health Workforce Data Set (NHWDS). The Australian Institute of Health and Welfare (AIHW) are the custodians of the National Health Workforce Data Set for medical practitioners.

The results of the NHWDS are published on the AIHW website. The 2014 NHWDS is available at http://www.aihw.gov.au/workforce/medical/

The Medical Workforce Survey does not ask trainees about their training experience. The National Health Workforce Data Set reports on:

- the numbers and types of medical practitioners-specialist/general practitioners/specialists in training/hospital non specialist/non clinician
- workforce characteristics (age and gender)
- work setting and location
- hours worked and retirement intentions

Medical Schools Outcomes Database (MSOD)

MSOD is a national data collection involving all Australian medical schools and recruiting over 90% of medical students during their medical studies. It was first established in 2004 by Medical Deans as a pilot and then followed by a full annual national collection from 2005. The national dataset currently has over 30,000 participants, initially enrolled in medical school and with the first cohort now having reached PGY5.

The Project has moved into a new phase – the MSOD and Data Linkage Project. The aim of this phase is to undertake data linkage across the MSOD, medical registration and national health workforce datasets and so provide a vital evidence base for predictors of future career choice for junior doctors.

New participants, at this stage, will continue to be recruited annually to the MSOD collection in their final or penultimate year of medical studies. MSOD publications and reports can be viewed at http://www.medicaldeans.org.au/projects-activities/msodproject/publications-and-reports/

Questions:

What would be the optimal time to undertake a national training survey?

Could it be undertaken when medical practitioners renew their medical registration?
Australian General Practice Training (AGPT) Registrar Satisfaction Survey

The AGPT Registrar Satisfaction Survey (RSS) is an annual survey that assesses the level of GP registrar satisfaction with the quality of their training, with training providers and with career progression. Until 2014, the survey was overseen by General Practice Education and Training Ltd (GPET). In 2015, the responsibility for the survey and the AGPT was transferred to the Department of Health.


The 2015 survey was undertaken in July and August 2015 with GP Registrars asked to report on their experience in Semester One 2015.

The overall response rate was 37% with the response rates ranging from 25.3% to 51.5% across the different Regional Training Providers (RTPs).

The 2015 overall response rate was lower than the 2014 (44%) and 2013 (77%) response rates.

The Registrar Satisfaction Survey (RSS) has four sections:

- **Section 1:** Registrar characteristics
- **Section 2:** Overall impressions and satisfaction with RTPs, training facilities and Colleges (known as Department of Health Core item)
- **Section 3:** Registrars experience as teachers, insights into personal commitment required by registrars for their training, exploring registrars’ understanding of grievances processes, and insights into training into Aboriginal and Torres Strait Islander culture (known as Department of Health focus item); and
- **Section 4:** Insights into registrars’ choice of RTP and plans for future career (known as RTP Focus items)

The questions in sections three and four can be amended each year to cover different topics and collect information about registrars that may not be required on an annual basis.

Australian Medical Council Accreditation surveys

The AMC consults stakeholders, including trainees, when it accredits a medical college training program. Medical colleges can be accredited for a maximum period of ten (10) years. The AMC surveys trainees and supervisors and, when the numbers are sufficient, overseas trained specialists who have been assessed through the College’s overseas trained specialist pathway, during the accreditation process of a medical college. These surveys supplement site visits, teleconferences and other forms of stakeholder consultation.

The AMC survey questions link to the accreditation standards. Trainees are asked to respond to 45 to 50 questions concerning selection, information available on training program requirements, supervision, breadth of training, educational resources to support training, processes for addressing disputes relating to training and trainee wellbeing, college assessment processes, college accreditation of their post/program, and trainee committees. The survey takes approximately 10 to 15 minutes to complete.

Response rates to surveys vary between 30 to 50 percent for trainees. Higher percentage returns generally are achieved when the college’s trainees committee actively supports the survey and encourages trainees to participate.

At the end of the accreditation process, the AMC provides the college a de-identified survey report which summarises the findings.

Questions:

The AMC uses feedback through a trainee survey in its accreditation process of medical colleges. Could information obtained through a national training survey be used in the AMC accreditation of training providers and by medical colleges and prevocational training sites when they accredit training sites?
Australian Medical Association (AMA) Trainee surveys

The AMA Council of Doctors in Training (AMACDT) has undertaken Junior Doctors Training, Education and Supervision (TES) surveys in 2009 and 2012 and Specialist Trainee Surveys (STS) in 2010 and 2014.

Key points of the 2012 AMA Junior Doctor Training, Education and Supervision (TES) survey:

- The survey was undertaken over a four week period in June/July 2012.
- The aim of the survey was to examine the quality of the training, education and supervision that junior doctors were receiving in public teaching hospitals across the country.
- The TES survey was available electronically on the Federal AMA website and all junior doctors were able to participate. AMA members were directly emailed a link and additional strategies were used in some States to encourage non-members to participate.

There were 1,112 responses from junior doctors working in hospitals across Australia; including 296 interns, 237 PGY2s, 142 PGY3+, 81 unaccredited registrars, 283 accredited registrars and 73 senior registrars/fellows.

Six key areas surveyed:

- educational practices;
- balancing service and training;
- resources for clinical practice and medical education;
- teaching the teachers;
- supervision, feedback and assessment; and
- research.

Key points about the AMA Specialist Trainee Surveys (STS):

- STS undertaken in 2010 and 2014, the 2014 STS survey was undertaken over a three week period in May 2014.
- Two parallel on-line surveys of hospital-based specialist trainees (the STS) and general practice registrars (the GPRS) were undertaken in 2014.
- Both surveys were confidential, self-reporting questionnaires and were available online at the Federal AMA website. The link was distributed electronically to approximately 6,980 hospital-based trainees and GP registrars, including AMA members and non-members.
- Questions were aligned with the AMC’s standards for specialist medical education and training.

There were 583 respondents to the STS against a total hospital-based trainee population of 13,801. GPRS attracted 120 responses against a GP registrar population of 4,087.

2014 STS question categories: selection processes; training and educational activities; supervision; assessment and examinations; costs; recognition of prior learning; environmental; flexibility; safe hours and doctors health; communication and overall satisfaction.

Medicine in Australia: Balancing Employment and Life (MABEL) Survey

MABEL is a longitudinal panel survey of medical practitioners in Australia, with a particular focus on work-life balance issues. The primary aim of MABEL is to investigate labour supply decisions and their determinants among Australian doctors.

MABEL commenced in 2007 and was developed and continues to be administered by researchers at the Melbourne Institute of Applied Economic and Social Research and Monash University. MABEL is funded by the National Health and Medical Research Council (NHMRC). The study recruits doctors by contacting them based on names and contact details held by the Australasian Medical Publishing Company (AMPCo). Once recruited doctors are asked to complete an annual survey.

The MABEL National Advisory Group provides the main link between the Centre for Research Excellence in Medical Workforce Dynamics (CRE) and key stakeholders in medical workforce policy.

The Advisory Group meets once a year and its membership includes health department workforce representatives, Australian Medical Students’ Association (AMSA), Australian Medical Association Council of Doctors in Training (AMACDT), Australian Health Practitioner Regulation Agency (AHPRA), Rural Doctors Association of Australia (RDAA), Confederation of Postgraduate Medical Education Councils (CPMEC), Rural Health Workforce Australia.

Further information about MABEL, including results, reports and publications, is available at http://mabel.org.au/home.
South Australian Medical Education & Training (SA MET) - Quality Assurance of Training Settings (QATS)

Workplace training environments for junior doctors were assessed by SA MET in May 2015. Trainee medical officers across all stages of postgraduate training were able to rate and comment on their clinical learning environments via anonymous online survey. Information about QATS and the Report can be found at http://www.samet.org.au/projects-and-reports/qats/.

Key points:
- Surveys were sent to 1,700 trainees and 252 responded. This represents an overall response rate of 15%.
- The survey was conducted online and the surveys were administered in five data collection streams. Interns comprised one stream and registrars and resident medical officers were streamed by one of the four employing Local Health Networks (LHN).
- The Postgraduate Hospital Environment Measure (PHEEM) was used to assess learning environments.
- In order to maintain respondents anonymity data was aggregated before it was provided to the LHNs.
- It is intended that QATS will be undertaken on an annual basis.

What is the Postgraduate Hospital Environment Measure PHEEM?
It is a 40 item questionnaire that was developed by Roff et al in the United Kingdom.14 Questions cover three areas: perceptions of role autonomy; perceptions of teaching; perceptions of social support. Respondents are asked to rate each statement using a 5 point Likert scale ranging from strongly agree to strongly disagree. Each of the items is scored. The PHEEM has a maximum score of 160 indicating an ideal educational environment and a minimum score of 0. It uses a combination of grounded theory and Delphi process.
Victorian PHEEM Program

The Victorian PHEEM Project commenced in 2006 with an initial six hospitals participating. It is facilitated by Postgraduate Medical Council of Victoria (PMCV) and jointly conducted by Medical Education Officers (MEOs) at participating hospitals.

MEOs at participating hospitals administer the PHEEM at the end of each term rotation to junior doctors in their first, second and third postgraduate years (PGY 1, 2, 3). Completed questionnaires are collected and the PMCV coordinates the processing and statistical analysis of the information, which is then reported back to the participating hospitals. Each hospital is responsible for disseminating their data as necessary to address their needs. Victorian PHEEM Reports and presentations can be viewed at http://www.pmcv.com.au/education/pheem/victorian-pheemprogram

NSW Health Education and Training Institute (HETI) - JMO Census

The 2016 JMO Census will be the fifth consecutive Census conducted by the JMO Forum and facilitated by HETI. It was initially piloted in 2012, where its goal was to amalgamate numerous surveys aimed at junior doctors and thereby reduce survey fatigue.

It is conducted annually in August and distributed by HETI SurveyMonkey. The Census is promoted by JMO Forum members to their respective Networks and since 2012 participation has grown substantially. There were 546 respondents in 2015, representing around 28% of PGY1 and PGY2 doctors in NSW and ACT.

This process is recognised as a valuable tool to collect data and explore issues related to aspects of the junior medical workforce in NSW and the ACT including: demographics; education and supervision; workload and stress; workplace readiness and career aspirations. The 2015 Census explored additional contemporaneous issues such as bullying and sexual harassment in the workplace as well as use of online technologies. The survey uses the Postgraduate Hospital Educational Environment Measure (PHEEM) and Kessler-10 scale. HETI Reports are generated and distributed to the Networks.

Canberra Regional Medical Education Council (CRMEC)

In 2016 the CRMEC, is currently in the process of undertaking its first formal network wide trainee survey. This survey uses the PHEEM, (Postgraduate Hospital Educational Environment Measure) and covers satisfaction with various aspects of supervision. Previous surveys undertaken have been part of the accreditation process.
Eight medical colleges responded to the request for information about the trainee surveys they undertake.

The majority of medical specialist colleges regularly survey their trainees for accreditation activities, training satisfaction, career intentions, and ad-hoc issues and for those separating from the college. There is a high degree of commonality across the medical colleges as to why they survey:

- to ascertain the quality of the training experience;
- identify where there are gaps; and
- identify issues that require action.

However there is variability in the frequency of the surveys conducted and the trainee response rates to the surveys.

A review of the College survey shows the frequency of surveying trainee’s ranges from ad-hoc to 6 monthly; however the majority of surveys are annual.

Trainee participation rates range from 15% to 100%. The participation in the majority of surveys is voluntary and the survey is confidential and only aggregated and anonymised results are reported back.

Across all surveys examined the questions and themes used within these surveys are very consistent.

**Questions:**

*What are the reasons for and value of undertaking existing surveys?*

*Could a national training survey replace existing surveys?*

*Given the low response rate for many of the voluntary surveys, how could a higher response rate be achieved in a national training survey?*

*Should a national medical training survey be compulsory or voluntary? If it were compulsory how this could be achieved?*
# ACRONYMS

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACER</td>
<td>Australian Council of Educational Research</td>
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<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
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<td>AGPT</td>
<td>Australian General Practice Training</td>
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<td>AHMAC</td>
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<td>STP</td>
<td>Specialist Training Program (Commonwealth)</td>
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REFERENCES

1-3  Review of Medical Intern Training Final Report p42

4  Medical training Review Panel (MTRP) 9th and 18th Reports


8  Your Training Counts - Results of the National Trainee Experience Survey, 2014

9  Your Training Counts - Results of the National Trainee Experience Survey, 2014 and Your Training Counts Trainee Experiences of Clinical Learning Environments in Ireland 2015


