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

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On 25 August 2016, a National Medical Training Survey Workshop was held at the Park Royal Melbourne Airport Hotel. This Workshop was co-sponsored by the Health Workforce Principal Committee (HWPC), the Committee of Medical College Presidents (CPMC) and the Confederation of Postgraduate Medical Education Councils (CPMEC).

The purpose of the Workshop was to identify if there was support for a national medical training survey and what would be the aim for conducting a national medical training surveys in Australia.

The Workshop was informed by a background paper that included information regarding national training surveys undertaken in the United Kingdom by the General Medical Council (GMC) and in the Republic of Ireland by the Medical Council of Ireland. The paper also included an environmental scan of current surveys undertaken in Australia of the medical workforce. The background paper is available at http://www.coaghealthcouncil.gov.au/MedicalInternReview

There were over 60 participants at the Workshop with representatives from the Commonwealth, State and Territory Health Departments, medical colleges, postgraduate medical councils, doctors in training, the Australian Medical Council and the Medical Board of Australia. The Workshop Program and a list of organisations represented at the Workshop are provided at Appendix 1 and 2 respectively.

Key Outcomes

The leading outcomes from the Workshop were:

- Unequivocal support for a national medical training survey
- Strong agreement regarding benefits of a national survey
- Strong agreement that the survey include pre-vocational (intern & PGY2), vocational trainees and supervisors
- Strong support that survey results should be published, with the level of reporting to be determined
- Strong agreement that a national survey could fully or partially replace existing surveys
- Evenly divided views as to whether a national survey should be voluntary or mandatory
- Further examination of governance models and structure is required
The Workshop was opened by Professor Phillip Truscott representing the Committee of Presidents of Medical Colleges (CPMC) and Professor Richard Tarala representing the Confederation of Postgraduate Medical Councils (CPMEC). Ms Robyn Burley, representing the Health Workforce Principal Committee (HWPC), gave Workshop participants an overview of the background to the Workshop, noting that the Workshop had been convened to inform development of advice to Health Ministers’ regarding the Review of Medical Intern Training Final Report recommendation that a national training survey be considered.

A trainee’s perspective was provided by Dr Alistair Park, AMA Council of Doctors in Training and Dr Sara de Menzes, Australasian JMO Committee, CPMEC. Both presenters highlighted the case for measuring training quality and the potential for a training survey to be a vehicle to drive change.

While the Review of Medical Intern Training and recommendations focused on internship, postgraduate medical training is a continuum and therefore the Workshop was convened to consider the value of and applicability of a national training survey across the prevocational and vocational training continuum.

The Workshop comprised three plenary sessions and table work. Workshop participants considered the following topics at their tables:

- **Current State of Play** – this session considered the reasons, value of and challenges of existing surveys undertaken;
- **Why Not a National Survey?** – this session considered the aim, scope, benefits and challenges of undertaking a national training survey in Australia;
- **Survey oversight** – this session considered how a national training survey could be administered and how the results could be managed.

Each table work session was followed by a plenary discussion. The final Workshop session utilised polling technology that enabled all workshop participants to register their views against a number of statements and/or questions. The results of this polling are provided at Appendix 3.
SUMMARY

Current state of play

Workshop participants considered the reasons for existing surveys undertaken in Australia. There were a number of reasons identified for undertaking existing surveys:

- to support an accreditation process;
- to gather information to inform policy development, allocation of resources and workforce distribution;
- for research on workforce distribution and education and training;
- to recognise and reward good practice;
- to identify emerging issues;
- to monitor the quality of training and to provide feedback on training;
- to gather information on career intentions and factors that can influence career decisions; and
- to monitor trainee welfare.

The Workshop discussions identified that there was significant variation between surveying organisations as to whether the results of the current surveys were published. While some surveys currently undertaken publish all results, others only publish a high level summary of results, while for some surveys no results are published and results are only provided to the relevant stakeholders.

Workshop participants also considered the challenges of undertaking the current surveys. The challenges identified included:

- survey fatigue;
- low response rates making it difficult to interpret results;
- responding to results where there are small trainee numbers and maintaining respondent confidentiality; and
- resources required to undertake surveys.

Why Not a National Medical Training Survey?

Workshop participants were asked to consider whether there should be a national training survey. There was strong support from Workshop participants for a national training survey to be undertaken in Australia, with 94% of Workshop participants responding positively to the question: Should there be a national training survey in Australia?

Workshop discussions identified that the aim of a national training survey was to monitor and improve education and training in Australia. Primarily the survey would support the following activities; accreditation, monitoring of trainee welfare and continuous quality improvement processes.

There was considerable discussion regarding the structure and content of the United Kingdom national training survey undertaken by the General Medical Council. There was strong support that as an initial step further examination of this survey could be drawn upon and considered for the Australian context.

Workshop participants identified the following benefits of undertaking a national training survey:

- A national training survey has the potential to replace a number of existing surveys undertaken and so reducing ‘survey fatigue’ for individuals and organisations.

In the audience polling undertaken 51% of Workshop participants thought a national survey could replace existing surveys undertaken by medical colleges/postgraduate medical councils and the AMC and 41% thought it could partly replace existing surveys.

- Streamline and support accreditation processes currently undertaken.
- Ensure greater standardisation of data collection and reporting.
It was considered that standardisation facilitates comparisons and setting of benchmarks across sites, specialties, jurisdictions and internationally. Further it would provide a single national comprehensive picture of the quality and gaps in the provision of training.

A national training survey gives the power of numbers to identify commonalities and also outliers and issues that otherwise may not be identified in individual surveys. The aggregation of data can provide strong evidence for the need for action and/or change.

• To ensure all trainees are surveyed annually regarding their training experiences and colleges/council receive meaningful data of the quality of their programs.

Currently a number of colleges/postgraduate councils do not routinely survey their trainees, in some instances this is due to the cost, lack of expertise regarding surveys and available administrative support.

• Financial and administrative efficiencies.

• Potential for Trainees to have a greater sense of security/anonymity in providing critical feedback in a national training survey.

• Potential for honest assessment/feedback of training provided where the organisation administering the survey is independent from the provider of the training.

Mandatory or Voluntary Participation?

There was significant debate on the issue of whether a national training survey in Australia should be voluntary or mandatory. It was noted that in the UK, participation in the General Medical Council (GMC) National Training Survey (NTS) is not mandatory but achieves a 98% participation rate.

Participation in the GMC survey is strongly encouraged by the fact that completion of the annual NTS can be used as evidence in quality assurance and quality improvement in the Annual Review of Competence Progression (ARCP) that all junior doctors are required to complete.

Those supporting mandatory participation in a national training survey argued that it was essential to have a high participation rate to enable the results to be acted on. However, the issue of whether a penalty would apply for non-participation in a national training survey in Australia was not resolved.

Those supporting voluntary participation argued that mandatory participation may not result in reliable responses and that the best way to ensure high participation was to ensure that survey results were acted on so that participants could see the value in participation.

Audience polling on this issue identified that 48% of participants supported mandating participation in a national training survey and 46% of participants supported a voluntary approach.
When Should a National Survey be Undertaken?

Workshop participants considered when would be the best time to undertake a national training survey. In discussion participants suggested that even if not mandatory, linking the survey with renewal of registration could result in a higher participation rate.

63% of Workshop participants supported that the survey be undertaken at the same time that medical practitioners renew their medical registration, with 20% supporting a survey in November, 10% in March and 8% in June.

Scope of Survey

The Workshop participants considered who should be included in a national training survey. The majority of participants agreed that a national training survey should include interns and PGY2s (96%), vocational trainees (94%) and supervisors (86%).

In 2014 there were 9,599 hospital non-specialists working in a clinical role in Australia (AIHW Australia’s medical workforce 2014). Workshop participants considered if this cohort of doctors should be included in a national training survey.

76% of Workshop participants supported hospital non-specialists inclusion in the survey, 13% were undecided and 11% did not support their inclusion. There was some discussion about who would be responsible for responding to the results of hospital non-specialists. The issue of inclusion of hospital non-specialists in a national training survey will require further consideration.

Survey Results Reporting

The Workshop participants considered the level at which the survey results should be published. In considering this aspect, a number of related themes were identified including, who would take responsibility for acting upon the results, and how the data would be used.

There was general consensus that, currently, action/feedback/outcomes arising from previous surveys is, generally, poorly communicated back to survey participants and this may, in part, contribute to poor participation rates for some surveys. It was strongly agreed that a successful national training survey is contingent upon timely communication and publication of results to stakeholder organisations.

There was unequivocal support for making survey results publicly available, with 99% of Workshop participants supporting this proposal.

The extent of support for the particular levels at which the results should be published varied, with 31% of participants supporting publication of results at all levels, i.e. at a national, state/territory, college, site and specialty level. However, 19% supported publication of results at a national level only and 18% supported publication of results at a state/territory level only and excluding specialty information.

Further, Workshop participants strongly supported (91%) that Colleges/Training Councils/Employers should be informed of their survey results prior to their publication.
Challenges and issues

While Workshop participants strongly supported a national training survey in Australia a number of challenges and issues were identified. These will need consideration and resolution as part of implementation of a national training survey.

Key challenges and issues identified include:

• Reaching agreement on the survey design and scope to ensure that the needs and objectives of different stakeholders are met. It was noted that the different pre-vocational and vocational training programs are diverse and complex;
• Determining the best time to undertake the survey;
• Ensuring a high participation and response rate;
• Providing timely feedback to stakeholders and taking timely action on results;
• Managing and responding to critical incidents identified through the survey process;
• Analysing and collating qualitative responses; and
• Agreeing on how results would be managed – what is published, who has access to the results, issue of sites with small number of trainees.

The issue of how results will be managed is a key issue that will need further consideration.

Governance

Workshop participants identified a number of governance principles to inform development of a national training survey governance structure.

Key principles identified:

• The survey process must be seen to be independent and transparent;
• The Administrator of the survey must have credibility and be seen as unbiased;
• Need to have key stakeholder representation on any governance structure;
• Doctors-in-Training involvement is important;
• Governance structure needs to have clear terms of reference;
• Adequate resourcing is required to support a national training survey;
• There needs to be quality oversight to ensure validity of results and that issues identified are acted on.

In considering a governance model, 42% of Workshop participants polled supported designing a new governance structure, 38% supported building on existing structures with 15% supporting using existing structures as they are now.

There was no opportunity to have a detailed discussion about resourcing of a national training survey and this will need further consideration. However to the polling question “In principle is there an opportunity for sharing the cost of a national training survey?” 64% of Workshop participants responded yes and 30% no with 6% undecided.

Next steps

The outcomes of this Workshop will inform the development of advice to the Australian Health Ministers’ Advisory Council (AHMAC) and Health Ministers’ regarding the requirements and possible approaches to establishing a national training survey.

Thank you to all workshop participants for providing your expertise and insights in considering the aim and possible approaches to establishing a national medical training survey in Australia and to Dr Jo Burnand for facilitating the Workshop.
APPENDIX

APPENDIX 1: WORKSHOP PROGRAM
APPENDIX 2: WORKSHOP PARTICIPANTS
APPENDIX 3: WORKSHOP POLLING RESULTS
# National Medical Training Survey Workshop

**APPENDIX 1: WORKSHOP PROGRAM**

### 25 August 2016
**ParkRoyal Airport Hotel, Melbourne**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators/Participants</th>
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<tbody>
<tr>
<td>9.30</td>
<td>Workshop registration, coffee &amp; tea</td>
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<tr>
<td>10.00</td>
<td>Welcome &amp; Acknowledgement of County</td>
<td>Dr Jo Burnand – Facilitator</td>
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</tbody>
</table>
| 10.00 | Opening Address               | Professor Phillip Truskett  
Committee of Presidents of Medical Colleges  
Professor Richard Tarala  
Confederation of Postgraduate Medical Councils  |
| 10.15 | Setting the Scene             | Ms Robyn Burley, NSW HWPC Member  
Dr Alistair Park  
AMA Council of Doctors in Training  
Dr Sara de Menezes  
Australasian JMO Committee |
| 10.45 | Current State of Play         | Table work  
Plenary session |
| 11.45 | Why Not a National Survey?    | Table work |
| 12.30 | Lunch                         | Plenary Discussion |
| 13.15 | Why Not a National Survey?    | Plenary Discussion |
| 13.45 | Survey Oversight              | Table work  
Plenary session |
| 14.30 | Stakeholder feedback          | Audience Polling |
| 14.45 | Closing and Next Steps        | Ms Robyn Burley |
| 15.00 | Finish                        |                                                                                           |

**Confederation of Postgraduate Medical Education Councils**  
**Committee of Presidents of Medical Colleges**  
**Health Workforce Principal Committee**
Organisation
ACT Department of Health
AMA Council of Doctors in Training
Australasian College for Emergency Medicine
Australasian College of Dermatologists
Australasian College of Sports Physicians
Australasian Directors of Clinical Training Committee
Australasian JMO Committee
Australian College of Rural and Remote Medicine
Australian Medical Council
Canberra Region Medical Education Council
Committee of Presidents of Medical Colleges
Commonwealth Department of Health
Confederation of Postgraduate Medical Education Councils
Health Education and Training Institute (NSW)
Health Workforce Principles Committee
Medical Board of Australia
Northern Territory Department of Health
Northern Territory Medical Education and Training Centre
NSW Ministry of Health
Postgraduate Medical Council of Victoria
Postgraduate Medical Education Council of Tasmania
Queensland Department of Health
Queensland Prevocational Medical Accreditation
Royal College of Surgeons Trainees' Association
South Australian Department for Health and Ageing
South Australian Institute of Medical Education & Training
Tasmania Department of Health and Human Services
The Australian and New Zealand College of Anaesthetists
The College of Intensive Care Medicine of Australia and New Zealand
The Royal Australasian College of Physicians
The Royal Australasian College of Surgeons
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
The Royal Australian and New Zealand College of Ophthalmologists
The Royal Australian and New Zealand College of Psychiatrists
The Royal Australian and New Zealand College of Radiologists
The Royal Australian College of General Practitioners
The Royal Australian College of Medical Administrators
The Royal College of Pathologists of Australasia
Victorian Department of Health and Human Services
Western Australia Department of Health
APPENDIX 3: WORKSHOP POLLING RESULTS

Question 1
There is a high degree of commonality in training and supervision questions asked by Colleges/Council in current surveys.

1. Yes 54%
2. No 9%
3. Unsure 37%

Question 2
Should a national survey include speciality specific questions, in addition to generic training and supervision questions?

1. Yes 76%
2. No 19%
3. Undecided 6%

Question 3
Could a national survey replace existing surveys undertaken by Speciality Colleges/ Councils /AMC?

1. Yes 51%
2. No 6%
3. Partly 41%
4. Undecided 2%
Question 4

Should we have a national medical training survey?

1. Yes 94%
2. No 2%
3. Undecided 4%

Question 5

When should a national survey be undertaken?

1. Medical registration renewal (September) 63%
2. First quarter of the clinical year (March) 10%
3. Mid year (June) 8%
4. Last quarter of the clinical year (November) 20%

Question 6

A national training survey should include interns & PGY2?

1. Yes 96%
2. No 2%
3. Undecided 2%
Question 7
A national training survey should include vocational trainees?
1. Yes 94%
2. No 4%
3. Undecided 2%

Question 8
A national training survey should include hospital non-specialists (not in a training program)?
1. Yes 76%
2. No 11%
3. Undecided 13%

Question 9
A national training survey should include supervisors?
1. Yes 86%
2. No 9%
3. Undecided 5%
Question 10

Should participation in a national survey be...

1. Mandatory 48%
2. Voluntary 46%
3. Undecided 6%

Question 11

At what level should results be made publically available? Click on all levels you agree with

1. Nationally only (no speciality information) 19%
2. By State/Territory (no speciality information) 19%
3. By College (no training site) 18%
4. By site and Speciality 13%
5. All of the above 31%
6. Not publically available 0%

Question 12

Should Colleges/Councils/Employers be informed of their survey results prior to publication?

1. Yes 91%
2. No 6%
3. Undecided 4%
Question 13

In establishing a governance model for a national survey, Select your preferred options

1. Use existing structures as they are now  15%
2. Build on existing structures           38%
3. Design a new governance structure      42%
4. Undecided                           4%

010 52

Question 14

The results of a national survey will inform, States/Territories, Colleges, Councils & other key stakeholders. In principle is there an opportunity for sharing the cost of a national survey?

1. Yes                                64%
2. No                                  30%
3. Undecided                          6%

010 53

Question 15

What are the challenges of conducting a national survey? Click on all areas you believe are challenges

1. Achieving a response that gives confidence that the results are representative of the training environment  15%
2. Managing results from sites/colleges where there is a small number of trainees  18%
3. Managing results, good and bad, who is responsible  16%
4. Timely analysis and distribution of results  13%
5. All of the above                     38%

010 49