MEDICAL TRAINING SURVEY

2025 Report

Medical Board of Australia and Ahpra

Welcome

THE 2025 MEDICAL TRAINING SURVEY

Medical Training Survey data is being used in academic research, shaping trainee decisions and – most importantly - being used to improve training. This is exactly what we hoped for.

Since 2019, trainees have been using their voice, in their survey. Through the MTS, they are highlighting what is going well in medical training in Australia and safely calling out where action is needed.

Many of the most recent generation of medical trainees adding their voice to this important data-set had not started medical school when the MTS was established. Seven years on, many of the trainees who lobbied hard to create the MTS are specialists and leaders in the profession. Over time, the MTS has been absorbed into the everyday fabric of medical training.

This year, more than 18,000 trainees made time to do the MTS to tell us what's working and what's not. In 2025 more IMGs than ever before shared their perspectives.

Once again, the MTS results tell us what's going well in training and what needs to improve. MTS results year on year are remarkably consistent. There are areas of increasing strength and significant issues that stubbornly persist.

There are improvements in clinical supervision, orientation, teaching, education and training on patient safety is again high, with 83% of trainees agreeing they would recommend their training position and workplace as a place to train.

But the fault lines in the culture of medicine run deep. Unacceptably, the rate of bullying, discrimination, harassment (including sexual harassment) and racism sits stubbornly at an average of 30%, and nearly twice that (56%) for Aboriginal and Torres Strait Islander trainees. Appallingly, 38% of Aboriginal and Torres Strait Islander trainees reported experiencing and/or witnessing racism.

Work across the profession and the health sector to improve cultural safety and address racism remains urgent and essential.

Once again, there is nuance in these data, revealing the complexity of the workplace environment and variations between different groups of trainees. Interns and specialist non-GP trainees report having witnessed and/or experienced unacceptable behaviours nearly 20% more often than IMGs and GP trainees.

The source of the unacceptable behaviour experienced and/or witnessed is also changing, with a 10% drop longitudinally in senior medical staff as the source (56% in 2019 to 46% in 2025) and a nearly 10% rise in patients and/or patient families/ carers (38% in 2019 to 46% in 2025) as the source of the behaviour. Clearly, the deficits in the culture of medicine reported by trainees are firmly anchored to wider community attitudes and behaviours.

Once again, important themes are revealed when the longitudinal data set is explored through tailored searches in the online dashboard.

With strict confidentiality rules in place to protect trainees, the MTS online searchable database can reveal meaningful insights. Use it to compare trainees' feedback by specialty and jurisdiction. Take a deep dive into the culture and quality of training, and make comparisons across sites or specialties. The 2025 MTS results will be accessible in searchable form in early 2026 on the MedicalTrainingSurvey.gov.au website.

Each year, we refine some MTS questions to generate meaningful data that stakeholders can use more effectively to drive change. New insights in 2025 include:

- one in 10 of all trainees and one in six Aboriginal and Torres Strait Islander trainees indicated they are considering a career outside of medicine within the next 12 months
- there is a slight decrease in the number of trainees reporting a heavy or very heavy workload
- differentiation in questions for different cohorts of specialist trainee make it possible for colleges to pin point what is working and address what is not.

The MTS is a survey by trainees, for trainees. The stories they share through MTS feedback are compelling and important. With that, comes a wider shared responsibility across the health sector and the profession to maintain high standards of medical training and develop effective strategies to address what needs to change.

Dr Susan O'Dwyer

Chair, Medical Board of Australia

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Acronyms

Acronym	Definition
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine of Australia and New Zealand
GP	General Practitioner
IMG	International medical graduate
MBA/the Board	Medical Board of Australia
MTS	Medical Training Survey
RACDS	Royal Australasian College of Dental Surgeons
RACGP	The Royal Australian College of General Practitioners
RACMA	The Royal Australasian College of Medical Administrators
RACP	The Royal Australasian College of Physicians
RACS	The Royal Australasian College of Surgeons
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
RANZCR	The Royal Australian and New Zealand College of Radiologists
RCPA	The Royal College of Pathologists of Australasia
RVTS	Remote Vocational Training Scheme

Key definitions

Term	Definition
Setting	The last place or area where the doctor in training has practised or trained for at least two weeks. This would normally be their current setting, workplace, placement or rotation, or might be their previous setting if they have only been practising or training in their current setting for less than two weeks.
Metropolitan area	Defined in the survey as a capital city – Sydney, Melbourne, Brisbane, Adelaide, Perth, Darwin, Hobart, Canberra.
Regional area	Defined in the survey as within or less than 15km from a town with a population of at least 15,000 that is not a capital city.
Rural area	Defined in the survey as more than 15km from the closest town with a population of at least 15,000.
Training plan	Defined in the survey as a plan developed by the doctor in training and their supervisor for their employer or college. For IMGs, the plan referred to in the survey is the training or professional development plan, developed by the doctor in training and their supervisor or peer reviewer for their employer, college or MBA.
Intern education program	Organisations that employ interns are required to provide them with a formal education program (such as grand rounds and weekly teaching sessions etc) in addition to work-based teaching and learning.
Clinical supervisor	The person who provides the doctor in training with day-to-day clinical supervision. For IMGs, this person was referred to in the survey as their clinical supervisor or peer reviewer.
Bullying, sexual harassment, harassment, discrimination and/or racism	These four terms were defined in the survey as: 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. 2. Sexual harassment Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where the possibility of that reaction could be reasonably anticipated in the circumstances. 3. Harassment (excluding sexual harassment) Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation. 4. Discrimination (excluding racism) Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation. 5. 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.

Term	Definition
Hours per week	Defined in the survey as including rostered, unrostered, claimed and unclaimed overtime and recall but not including undisturbed on-call.
Complete	Defined as answered a question on or after the 75% completion mark for their respective survey version: ▶ **Interns** - Q46. On average in the past month, how many hours per week have you worked? ▶ **Prevocational and unaccredited trainees** - Q45. How would you rate your workload in your setting? ▶ **Specialist non-GP trainees** - Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)? ▶ **Specialist GP trainees** - Q41. Thinking about the workplace environment and culture in your setting, to what extent do you 'agree' or 'disagree' with the following statements? ▶ **IMGs** - Q44. How often do the following adversely affect your wellbeing in your setting?
Partial	Completed at least one question of their survey but did not progress past the 75% completion mark.
National response/ average	The result of all respondents to the survey for a given question in a given year (e.g. 2025). This is shortened to 'Total' in the data tables.
NET	The result of two or more response options combined for a given question.
Total agree	The sum of the proportion of doctors in training providing a 'strongly agree' or 'agree' response.
Total disagree	The sum of the proportion of doctors in training providing a 'strongly disagree' or 'disagree' response.

1. Report summary

The Medical Training Survey (MTS) is a national, profession-wide survey of all doctors in training in Australia. The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) developed the survey, in partnership with stakeholders. The MTS aims to help improve the quality of medical training, by better understanding trainees' experiences.

More than a third of doctors in training in Australia took part in the 2025 MTS. This is 18,276 individuals. Of the submitted surveys, 96.4% were eligible for analysis (17,622 surveys). There were five versions of the survey, one each for interns, prevocational and unaccredited trainees, specialist trainees (non-GP and GP), and international medical graduates (IMGs). The results provide a snapshot of the quality of medical training in Australia including the training curriculum, orientation, clinical supervision, access to and quality of teaching sessions, workplace environment and culture as well as future career intentions for doctors in training.

Overall satisfaction

Overall, doctors in training reported relatively positive experiences of their medical training with:

- 83% recommending their current training position to other doctors (versus 5% who wouldn't), and
- 83% recommending their current workplace as a place to train (versus 6% who wouldn't).

Only a small number of specialist trainees (1%) indicated they did not intend to continue in their specialty training program and 2% of IMGs reported they did not intend to continue on a pathway to general or specialist registration. A similar proportion of interns (3%) and prevocational and unaccredited trainees (2%) reported that they do not intend to become a specialist.

Training curriculum

The experience of training varied between different groups of doctors in training:

- 96% of interns reported having an intern education program. Of these, 88% reported there were opportunities to meet the requirements of the intern education program in their current setting;
- 60% of prevocational and unaccredited trainees reported having a training/professional development plan. Of these, 87% reported their plan is preparing them for future medical practice.
- 90% of IMGs reported having a training/professional development plan. Of these, 93% reported there were opportunities to meet the requirements of the plan in their current setting.

Specialist trainees, including non-GP and GP trainees, were asked to rate the training program provided by their college(s) and, where applicable, GP trainees were asked to rate the Remote Vocational Training Scheme (RVTS). There were positive ratings of a number of aspects, including trainees' understanding of what they need to do to meet their training requirements (specialist non-GP trainees: 89%; specialist GP trainees: 91%) and the training programs being relevant to their development (specialist non-GP trainees: 88%; specialist GP trainees: 91%).

Comparatively, access to mental health and wellbeing support received lower ratings. Only half of the specialist trainees agreed that their college had provided access to psychological or mental health support (specialist non-GP trainees: 44%; specialist GP trainees: 60%), with a similar proportion agreeing that there were safe mechanisms for raising training/wellbeing concerns with the college (specialist non-GP trainees: 47%; specialist GP trainees: 69%).

Orientation

More than nine in 10 doctors in training (95%) received an orientation, with the majority receiving a formal orientation (72%) compared to an informal one (23%). Nearly four in five (79%) trainees rated their orientation as 'excellent' or 'good', with 3% rating it as 'poor' or 'terrible'.

Assessment in the current setting

At the time of completing the survey, three in four trainees (excluding interns) had their performance assessed in their setting (74%) with one in seven (14%) trainees scheduled to be assessed. There were notable differences between the cohorts as to whether they had received an assessment. For example, results showed prevocational and unaccredited trainees were less likely to have received an assessment compared to IMGs (59% of prevocational and unaccredited trainees received an assessment compared to 83% of IMGs).

Exams

Two in five (38%) specialist trainees indicated they had sat their college exams at the time the survey was conducted (August-early October 2025).

Among those who had sat an exam, seven in ten agreed the information the college provided about the exam(s) was accurate and appropriate (71%), three in four agreed that the exam(s) was conducted fairly (77%) and more than four in five agreed that the exam(s) ran smoothly on the day (84%). However, there were lower levels of satisfaction with the utility and speed of exam feedback, with two in four agreeing/strongly agreeing that the feedback was useful (39%) and three in seven agreeing/strongly agreeing that it was timely (44%).

Clinical supervision

Almost all doctors in training (98%) had a clinical supervisor. Specialists (including specialist GPs) largely shouldered the responsibility for the day-to-day supervision of doctors in training (76%), with registrars (19%) the second most likely to supervise trainees. Nearly nine in 10 (89%) doctors in training rated their clinical supervision as ‘excellent’ or ‘good’, with just 2% rating it as ‘poor’ or ‘terrible’.

The quality of supervision was highly rated for accessibility and helpfulness. However, the regularity of feedback (both informal and formal), and discussions about goals and objectives, were not rated as highly.

Access to teaching and opportunities for development

The quality of teaching sessions were rated as ‘excellent’ or ‘very good’ by 86% of doctors in training, with only 2% rating them as ‘poor’ or ‘terrible’. Four in five trainees agreed that their employer supports them attending formal and informal teaching sessions (82%). However, there was a lower level of agreement that trainees had access to protected study time/leave (73%) or ability to participate in research activities (58%).

More prevocational and unaccredited trainees (53%) reported having to compete with other doctors to access teaching and opportunities for development, compared to other doctors in training such as specialist GP trainees (31%) and interns (40%).

Nearly all doctors in training reported having sufficient opportunities to progress their skills in communication (97%), clinical skills (96%), theoretical knowledge (93%), cultural safety (93%) and ethics (92%). However, only seven in ten felt as though they had the opportunity to develop skills and knowledge in research (69%).

Nine in ten agreed teaching in the course of patient care (bedside teaching) was a useful educational activity in their development as a doctor (90%). There was a lower level of agreement that practice based audits were a useful educational activity, with just six in ten agreeing they had been useful (62%).

For seven in ten (69%) doctors in training, their day-to-day job responsibilities 'rarely' or 'never' prevented them from meeting their training requirements. However, three in ten (31%) trainees reported that their job inhibits their training requirements sometimes/often.

Facilities

The quality of facilities available for training in settings, was reported as 'excellent' or 'good' for internet reliability (81%), educational resources (80%), teaching spaces (73%) and working spaces (70%).

Workplace environment and culture

Six in 10 (58%) doctors in training reported working more than 40 hours on average per week, including almost one in 10 (9%) who worked more than 60 hours on average per week.

Just under half of all doctors in training (45%) rated their workload as 'heavy' or 'very heavy'. In addition, one in six (17%) indicated that working unrostered overtime 'always' or 'most of the time' had a negative impact on their training. Payment for un-rostered overtime occurred 'most of the time' for 22% of survey respondents. One in eight (13%) survey respondents 'never' claimed for their un-rostered overtime.

Aspects of the workplace that caused adverse impacts to trainee wellbeing 'always' or 'most of the time' included the amount of work expected (23%), having to relocate for work (21%), dealing with patient expectations (21%) and dealing with patients' families (18%).

Four in five doctors in training (83%) knew how to access support for their health (including for stress and or other psychological distress). Similarly, four in five respondents (84%) indicated that their workplace supported staff wellbeing.

In the 12 months before completing the survey, three in ten doctors in training (30%) reported they had either experienced and/or witnessed bullying, sexual harassment, harassment, discrimination and/or racism in their workplace. This equates to 20% experiencing and 26% witnessing this behaviour. This was higher for Aboriginal and/or Torres Strait Islander trainees, with more than one in two (56%) reporting they had experienced and/or witnessed bullying, sexual harassment, harassment, discrimination and/or racism. The most common type of behaviour experienced or witnessed by trainees was bullying (experienced: 10%, witnessed: 15%). Of those who experienced bullying, sexual harassment, harassment, discrimination and/or racism, the most common source was senior medical staff (e.g. consultants, specialists) (experienced: 43%, witnessed: 45%) while patients and/or family members/carers (experienced: 42%, witnessed: 46%) were the most common source for those who had witnessed bullying, sexual harassment, harassment, discrimination and/or racism. Nurses and midwives (experienced: 29%, witnessed 33%) were also reported as a source of bullying.

Of those who had experienced bullying, sexual harassment, harassment, discrimination and/or racism and had indicated that the person responsible was a staff member or colleague, half (53%) reported that the person was in their team, with 40% indicating that this person(s) was their supervisor.

One in three (32%) doctors in training who had experienced bullying, sexual harassment, harassment, discrimination and/or racism reported it. Half of these (53%) were aware the report had been followed up

and two thirds (64%) were satisfied with how the report was followed up. This compares to three in 10 (28%) doctors in training who witnessed bullying, sexual harassment, harassment, discrimination and/or racism reporting the incident, of which two in five (41%) were aware that the report had been followed up. Three in four (73%) respondents in this group were satisfied with how the report was followed up.

Of those who had experienced bullying, sexual harassment, harassment, discrimination and/or racism and did not report the incident, there was often a concern about repercussions (52%) and feeling that nothing would be done if it was reported (44%).

Seven in ten (72%) doctors in training who had experienced bullying, sexual harassment, harassment, discrimination and/or racism indicated that the incident had adversely impacted their medical training. Four in ten (38%) rated this as having a moderate/major impact.

Over four in five of doctors in training (87%) reported knowing how to raise concerns about such behaviour, four in five (81%) reported they had the confidence they would raise concerns and more than four in five (83%) said that bullying, sexual harassment, harassment, discrimination and/or racism was not tolerated in their setting.

Patient safety

Nine in ten doctors in training (93%) knew how to report concerns about patient care and safety and a similar proportion felt confident to do so (92%). Nine in ten reported that the culture in their current setting involved proactively dealing with such concerns (88%) and they had received training in their setting on how to provide culturally safe care (87%). A similar proportion (84%) of doctors in training rated training on how to raise concerns about patient safety as ‘excellent’ or ‘very good’.

Future career intentions

Doctors in training gave mixed ratings about their feelings towards being able to meet their pathway or training program requirements or secure a place in a specialist college training program, with 51% disagreeing they were concerned about successful completion or attaining a place versus 29% who agreed they were concerned. Similarly, respondents provided mixed ratings about their feelings towards securing employment post completion of their training or pathway with two in five (41%) disagreeing they are concerned compared with two in five (37%) who agreed they are concerned.

One in three trainees (37%) intended on working in Aboriginal and Torres Strait Islander health/healthcare, while one in four (41%) intend to work in rural practice. One in 10 trainees (9%) agreed/strongly agreed that they were considering a future outside of medicine in the next 12 months. This was significantly higher for Aboriginal and Torres Strait Islander trainees (17%).

Variation in MTS results by cohort, jurisdiction and college

Consistent with previous years, the 2025 MTS results represent feedback from a wide cross-section of the different groups of doctors in training. The overall results have been analysed by cohort, jurisdiction and college with separate reports available for each of these. By providing a national snapshot of the 2025 training experience, areas of relative strength and weakness can be identified as opportunities for both improvement and knowledge sharing.

An example of the extent of variation in results between groups of trainees is the question on whether trainees would recommend their current workplace as a place to train. The national response was 83% would recommend their current workplace, and this varied from:

- 79% to 87% by doctor in training cohort
- 80% to 85% by jurisdiction
- 74% to 89% by college.

Results for 2025 are broadly consistent with results from previous years, however, there are some differences of note, including the range of scores narrowing within cohort, jurisdiction and college subgroups.

Comparisons of data from 2019 to 2025 are available at https://medicaltrainingsurvey.gov.au/Results/Create-your-own-report.

Looking forward to the 2026 MTS

There was a positive response rate for the survey in its seventh year. The Board and Ahpra look forward to continuing to work with doctors in training and other stakeholders involved in developing and delivering medical training, to ensure the future MTS editions continue to capture useful data and build on the insights of the previous years' results.

2. Medical Training Survey: objectives and guiding principles

This section presents an overview of the Medical Training Survey (MTS), as well as the objectives and underlying principles that guided its development and implementation.

2.1 Overview of the need for a national survey

The MTS is a national survey of doctors in training, implemented by the Board and Ahpra. It was developed in partnership with stakeholders. The MTS was designed to support quality improvement in medical training.

The MTS has clear objectives and guiding principles. It is conducted annually from August to early October, in line with the registration renewal cycle for most doctors. All doctors in training (interns, prevocational and unaccredited trainees, specialist non-GP and GP trainees and IMGs) are invited to participate in the MTS. Survey results provide a single, national snapshot of the quality of medical training in Australia.

To ensure confidentiality, data from the MTS are published in a de-identified and aggregated format. The results can be accessed in a series of reports and via an interactive data dashboard (hosted on the MedicalTrainingSurvey.gov.au website). The interactive data dashboard enables users to compare sites, specialties and states/territories with national results and to create tailored reports.

2.2 Objectives and guiding principles of the MTS

The MTS's objectives and guiding principles shaped the development of the survey tool and data collection processes.

The overall objectives of the MTS are to:

Objective 1	▶ Better understand the quality of medical training in Australia
Objective 2	▶ Identify how best to improve medical training in Australia
Objective 3	▶ 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 guiding principles for the MTS are:

1. Quality improvement	▶ The MTS is a quality improvement tool, to strengthen medical training in Australia.
2. Safe and confidential	▶ Medical trainees and supervisors can safely and confidentially participate in the MTS. Participants' data will be de-identified in any reporting of results, and only de-identified data will be provided to the Board and Ahpra.
3. Focused on training	▶ The core focus of the MTS is on post-graduate medical training.

4. Reflection and feedback	▶ The MTS encourages participants to reflect on their medical training and teaching and provide feedback safely to support continuous improvement. Reflective practice is a cornerstone of good medical practice and of the Professional Performance Framework.
5. Access	▶ The MTS will be relevant to medical training and not onerous to complete. It will be accessible online and easy to use, to encourage participation.
6. Reporting and using results	▶ The results of the MTS will be published in the interests of transparency. Specialty and jurisdiction-specific reports from MTS data will be generated as far as possible while assuring participant confidentiality. Stakeholders will apply survey results to improve medical training.
7. Participation	▶ The annual MTS seeks feedback from doctors in training. It aims to reduce the need for other surveys about the same issues.

3. Interpreting this report

3.1 Sample size and representation

More than a third of doctors in training (n=18,276 or 36.7%) invited to participate in the MTS responded to the survey. 96.4% (n=17,622) of surveys were eligible for analysis (i.e. survey participants currently training in Australia). As has been the case in previous years, there have been no other data sources nationally of doctors in training with which to compare the profile of survey participants. As a result, it was not possible to compare the survey population with a known, target population. However, demographics of MTS respondents reflect the broader Australian population for location and gender, suggesting survey responses have captured a representative view of doctors in training across Australia (see Appendix A1 for the detailed participant profile).

In total, n=15,489 completed the MTS (at least 75% of the survey), giving a maximum margin of error ± 0.6 percentage points at a 95% confidence level for questions asked of all doctors in training. This means that if a survey result is 50%, we can be sure that if we repeat the survey multiple times, 95% of these times the survey result will be between 49.4% and 50.6%, thus the survey has a statistically reliable sample.

All doctors in training registered in Australia were invited to participate in the survey. For those renewing their registration online in August and September, a unique survey link was generated and provided to the participant at the end of the registration process. For interns and IMGs (provisional or limited registration), an email invitation from the Board and Ahpra was sent containing a unique survey link. The survey was promoted through multiple channels, including on social media, in newsletters emailed to registered medical practitioners, and reminders to complete the survey were sent to doctors in training via email.

Post-stratification weighting is a common method used to reduce potential non-response bias. As the accurate characteristics of each stratum are not known, post-stratification weighting has not been used in this report.

Symbols: Care should be taken in interpreting the data across subgroups where sample sizes are small:

!	indicates a sample size less than 30 – caution should be used when interpreting the result
^	indicates a sample size less than 10 – responses have been supressed to protect confidentiality

3.2 Statistics

- **Base size:** Throughout this report, the base size is reported as the number enclosed in brackets, following an n and equals sign: (n=). The base size refers to the number of survey responses in the denominator of the survey question or result displayed. Respondents who did not answer a particular question or who indicated 'does not apply' or 'not applicable', are excluded from the calculation of statistics and tabulation of results for that question. The base is also noted for each question, that is, the sample group for which the question was asked.
- **Average:** An average, or mean, is calculated by dividing the sum of the response values by the base size. 'Don't know' and 'prefer not to say' values are excluded from average calculations. This number is reported to one decimal place.
- **National response:** The national response is the number of responses for a question divided by the number of participants in that sample.
- **Standard deviation:** Standard deviation is a statistical measure that indicates how much the individual data points in a data set differs from the mean (average) value of the set. A low standard deviation means that the data points tend to be close to the mean, while a high standard deviation indicates that the data points are spread out over a wider range of values.
- **Percentage:** A percentage is the ratio or fraction of the response, divided by the base size. In this report, where percentages are used, a % sign is used and the value is rounded to the nearest whole number.
- **Rounding:** Data percentages displayed throughout the report are rounded to the nearest whole number. As such, not all percentages stated will add to 100%.

3.3 Tests for statistical significance

Tests for statistical significance have been conducted within sub-groups. These tests have been undertaken at the 95% confidence level. This means that if there is a statistically significant difference between the results for answers within a subgroup, we can be 95% confident that the difference has not occurred by chance and that it reflects a genuine difference in the population.

Symbols: to help with the interpretation of charts and tables, the following have been included:

↑	indicates that a result is significantly higher (at the 95% confidence level) compared with the total of all other subgroups combined.
↓	indicates that a result is significantly lower (at the 95% confidence level) compared with the total of all other subgroups combined.

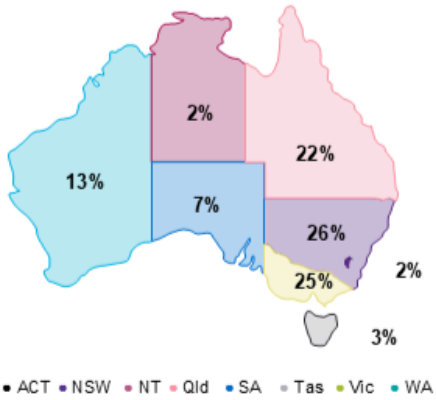
Detailed findings

4. Detailed findings

4.1 Profile of doctors in training

TRAINING SETTING

State/Territory



Base: Total sample (2025 : n = 17,487)
Q4. In which state or territory is your current term/rotation/placement primarily based?

Region

Metropolitan area **61%**

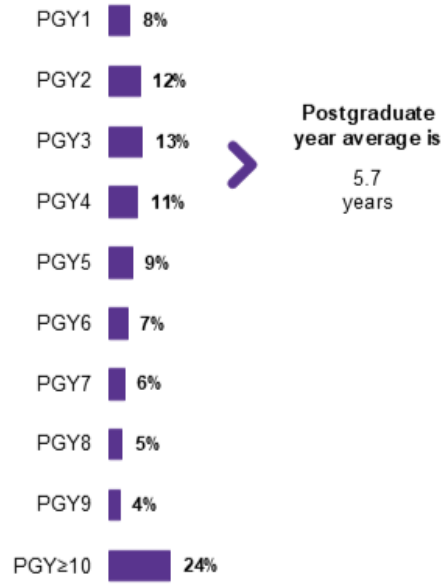
Regional area **31%**

Rural area **8%**

Do not wish to specify **1%**

Base: Total sample (2025 : n = 17,208)
Q6. Is your current setting in a…?

POSTGRADUATE YEAR



Postgraduate year average is 5.7 years

Base: Total sample (2025: n = 17,622)
Q1. What is your postgraduate year?

Facility

Training at a hospital **78%**

Not training at a hospital **22%**

Base: Total sample (2025 : n = 17,407)
Q5A. Is your current position/term/rotation/placement predominantly in a hospital?

Additional settings worked in

Base: Total sample excluding not applicable (2025: n = 6,834)
Q5c. Select any additional settings you work in / Which settings do you work in?

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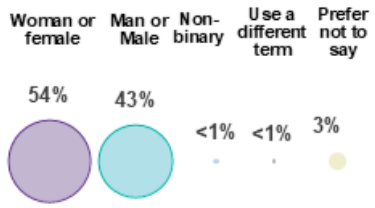
Profile of doctors in training

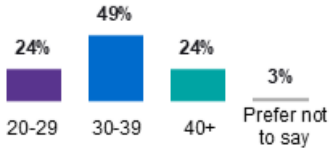
DEMOGRAPHICS

Do you identify as...



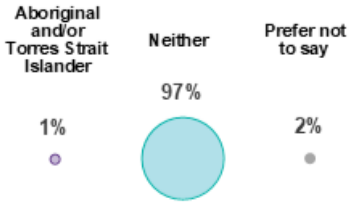
Base: Total sample (2025 : n = 14,943)
Q55. Do you identify as...?

Age in years



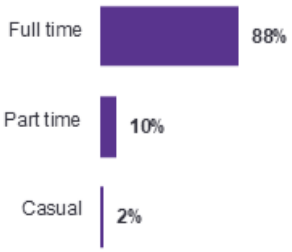
Base: Total sample (2025 : n = 14,568)
Q56. What is your age?

Cultural background



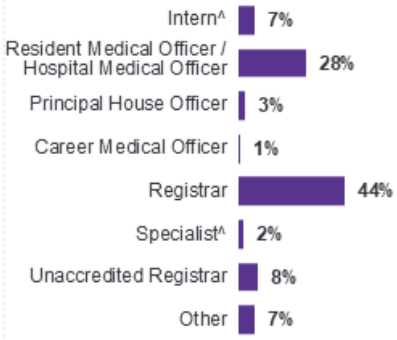
Base: Total sample (2025 : n = 15,023)
Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?

Employment



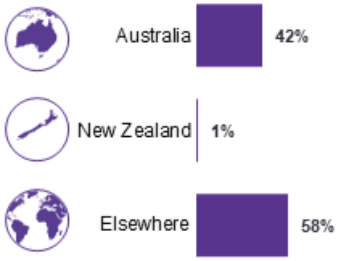
Base: Total sample (2025 : n = 17,622)
Q2. Are you employed:

Role



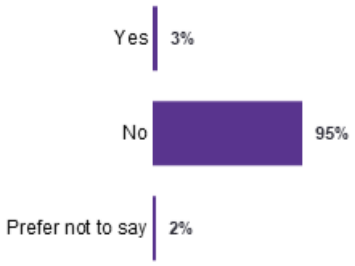
Base: Total sample (2025 : n = 17,180).
Q7. What is your current role in the setting?

Primary degree



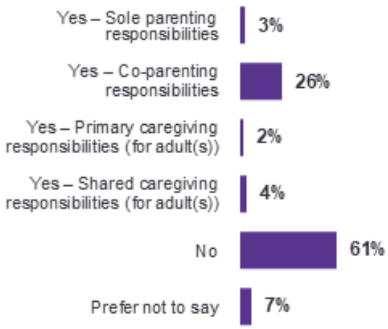
Base: Total sample (2025 : n = 15,694)
Q58a. Did you complete your primary medical degree in Australia or New Zealand?

Do you identify as a person with a disability...



Base: Total sample (2025 : n =15,014)
Q60. Do you identify as a person with a disability?

Caring responsibilities



Base: Total sample (2025 : n = 15,009)
Q61. During your usual work week, do you spend time providing unpaid care, help, or assistance for family members or others?

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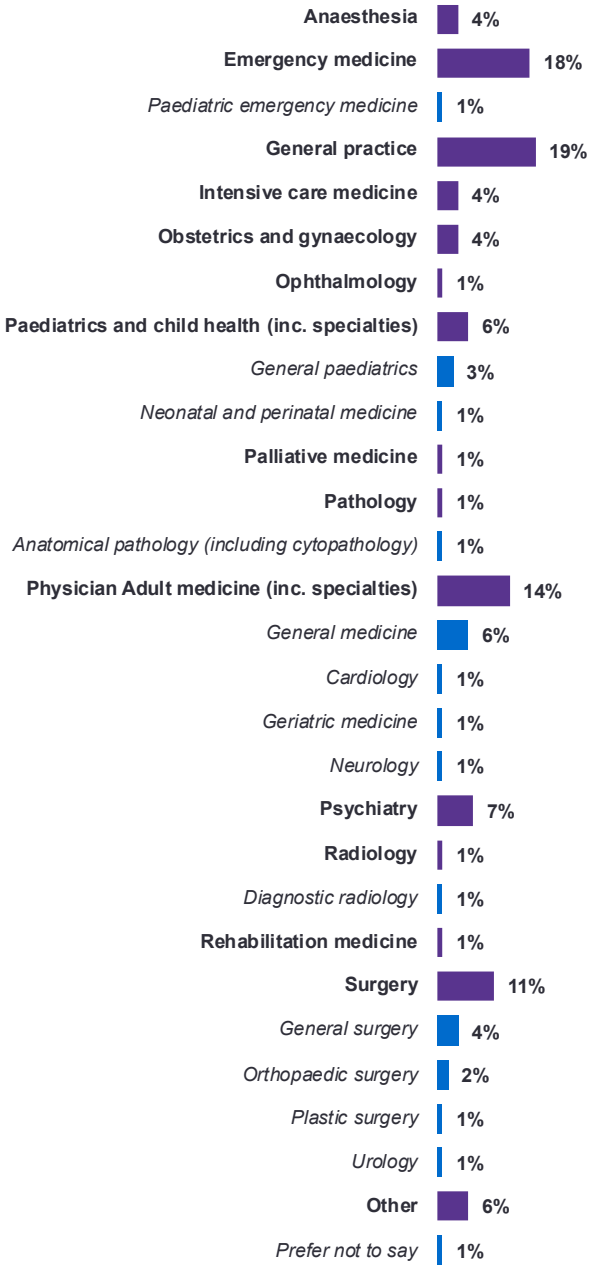
Profile of doctors in training

CURRENT ROTATION / TERM / POSITION



Base: Total sample (n=17,089). Specialties in **bold**, subspecialties in *italics*.

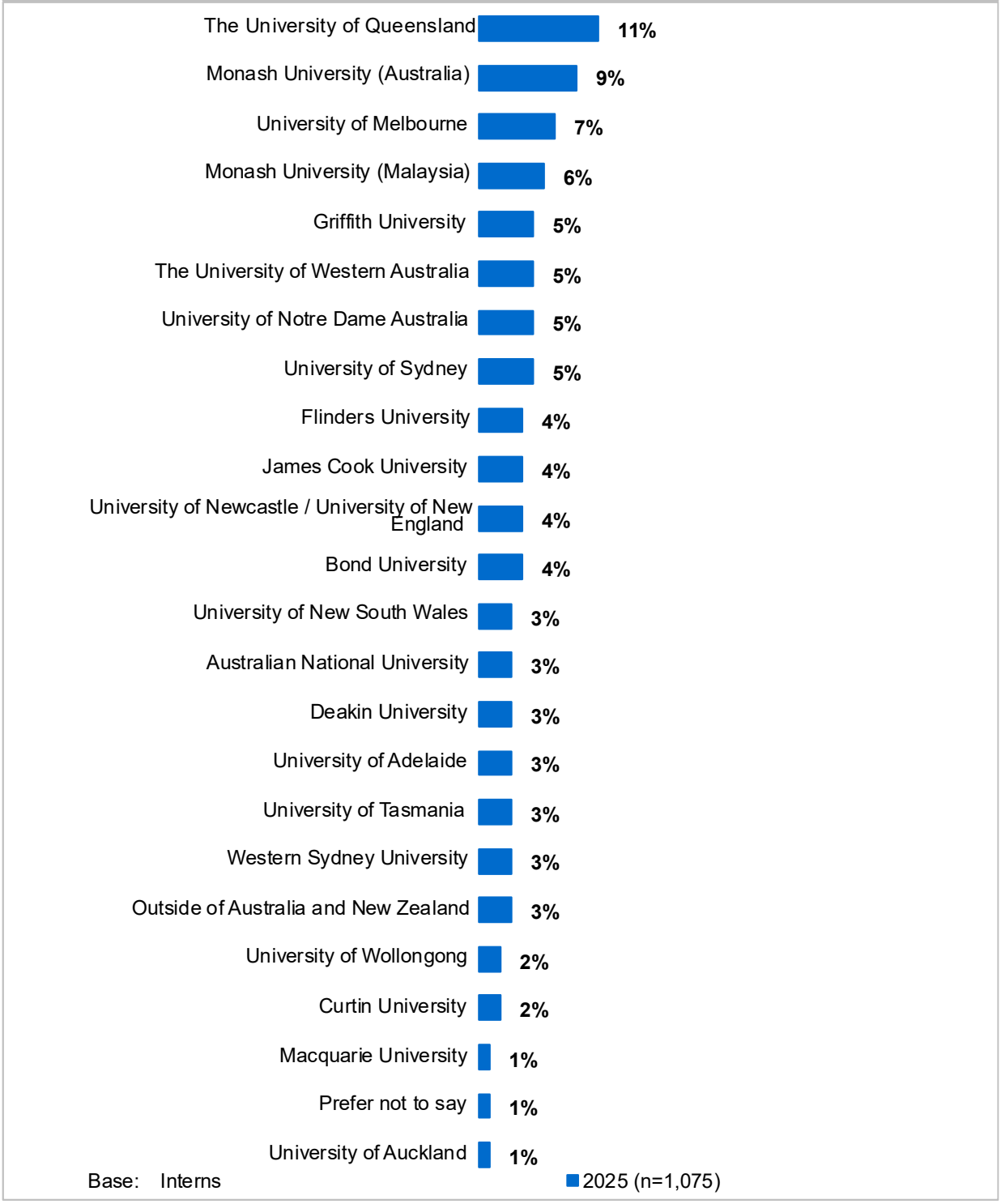
Note: Codes receiving <1% of responses not shown, including **specialties**: Addiction medicine, Dermatology, Medical administration, Occupational and environmental medicine, Public health medicine, Radiation oncology, Sexual health medicine; *subspecialties*: Chemical pathology, Clinical genetics, Clinical pharmacology, Community child health, Diagnostic ultrasound, Endocrinology, Forensic pathology, General pathology, Gynaecological oncology,Infectious diseases, Immunology, Immunology and allergy, Maternal–fetal medicine, Microbiology, Nuclear medicine, Obstetrics and gynaecological ultrasound, Oral and maxillofacial surgery, Paediatric cardiology, Paediatric clinical genetics, Paediatric clinical pharmacology, Paediatric endocrinology, Paediatric gastroenterology and hepatology, Paediatric haematology, Paediatric immunology and allergy, Paediatric infectious diseases, Paediatric intensive care, Paediatric intensive care medicine, Paediatric medical oncology, Paediatric nephrology, Paediatric neurology, Paediatric nuclear medicine, Paediatric palliativemedicine, Paediatric rehabilitation medicine, Paediatric respiratory and sleep medicine, Paediatric rheumatology, Paediatric surgery, Pain medicine, Reproductiveendocrinology and infertility, Rheumatology, Sport and exercise medicine, Urogynaecology, Vascular surgery.

Q9a. Which area are you currently practising in? | Q9b. If applicable, which subspecialty area are you practising in?

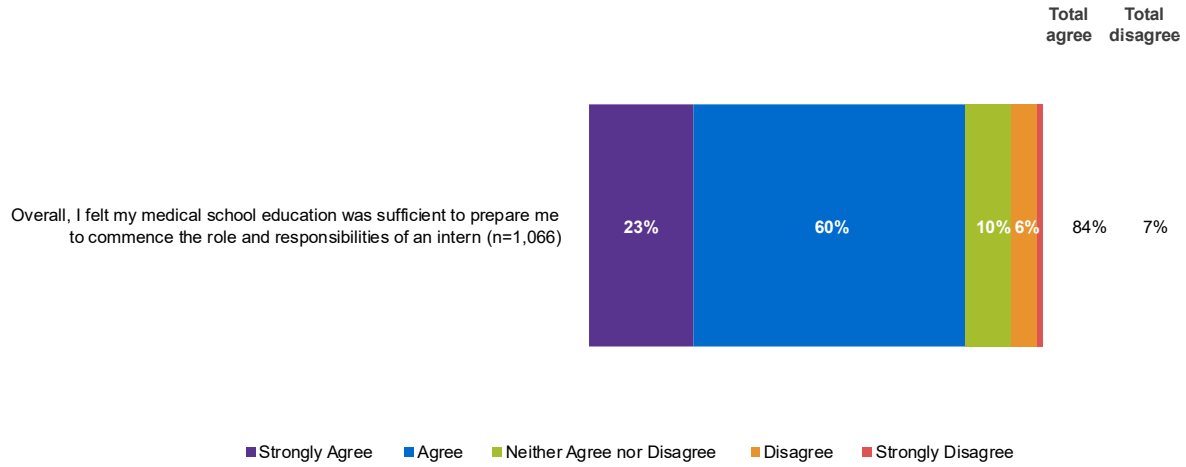
4.2 Training curriculum

4.2.1 Interns

Q11c. Which medical school did you graduate from?

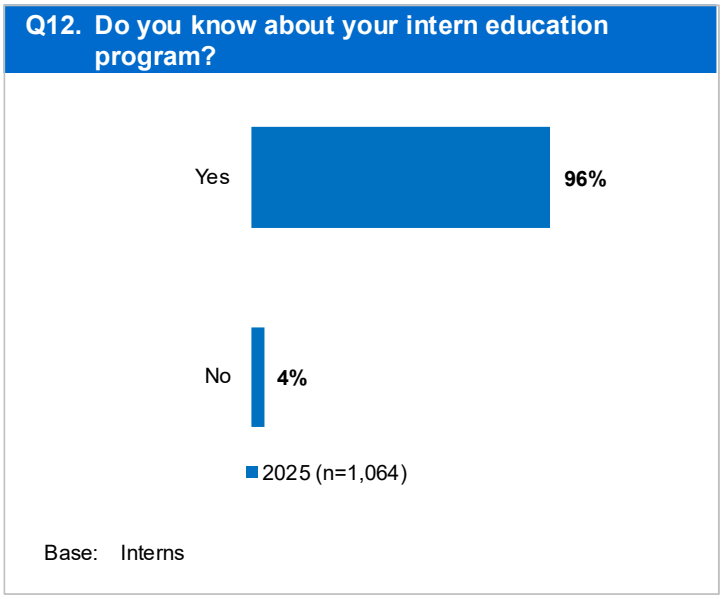


Q11d. Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?



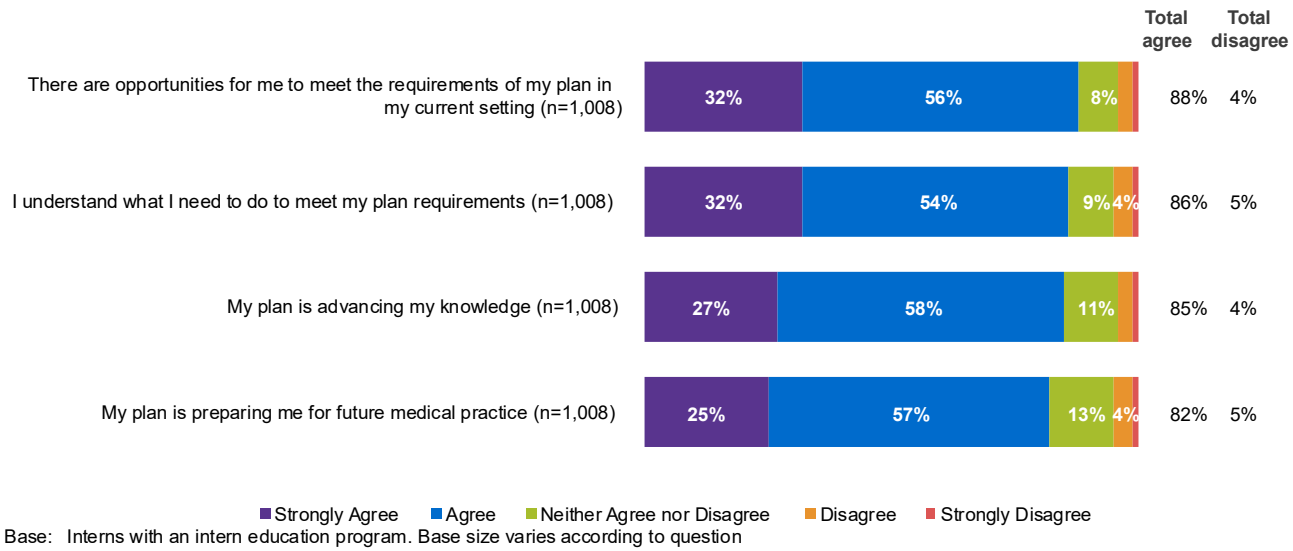
Base: Interns | Note: Labels 3% and below removed from chart

Q12. Do you know about your intern education program?



Base: Interns

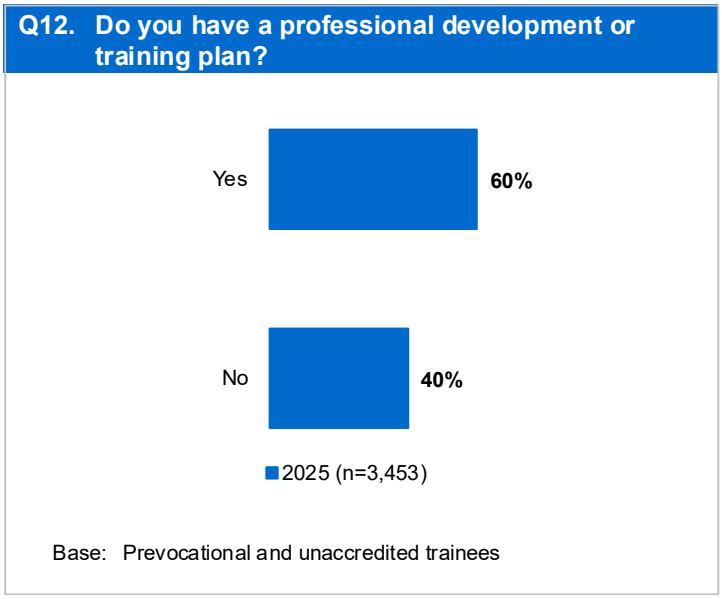
Q13. Thinking about your intern education program, to what extent do you agree or disagree with the following statements?



Base: Interns with an intern education program. Base size varies according to question
Note: Labels 3% and below removed from chart

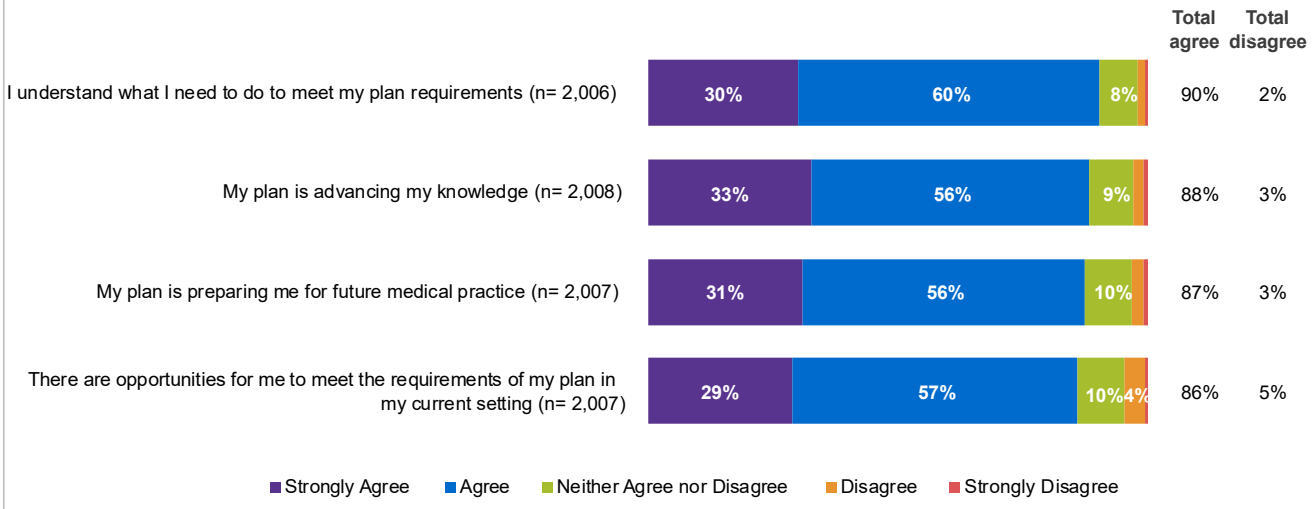
4.2.2 Prevocational and unaccredited trainees

Q12. Do you have a professional development or training plan?



Base: Prevocational and unaccredited trainees

Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?

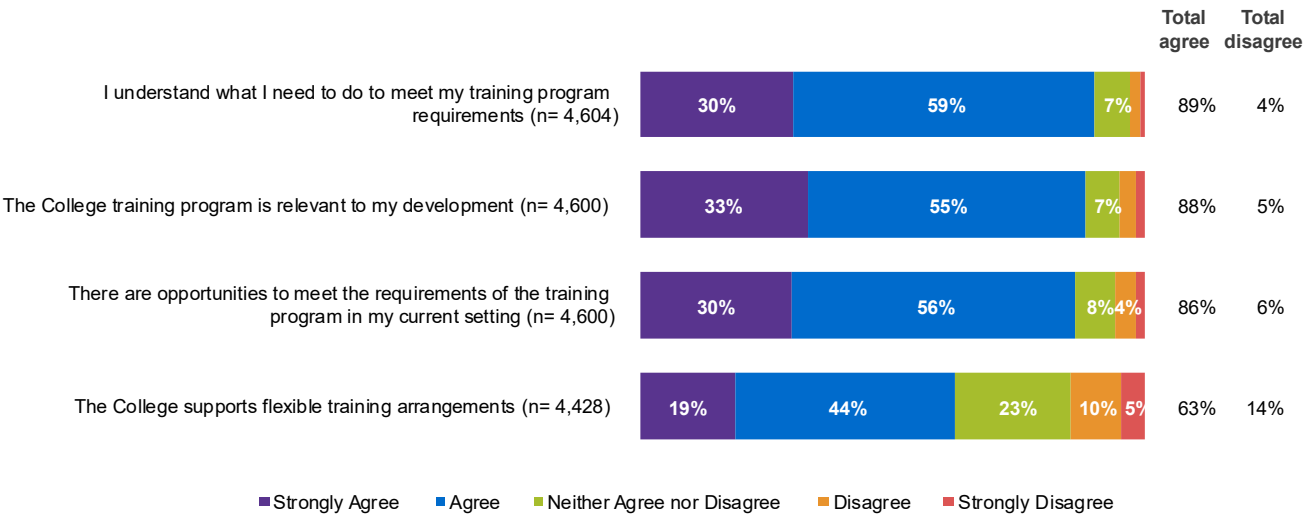


Base: Prevocational and unaccredited trainees with a professional development or training plan.
Base size varies according to question | Note: Labels 3% and below removed from chart.

4.2.3 Specialist non-GP trainees

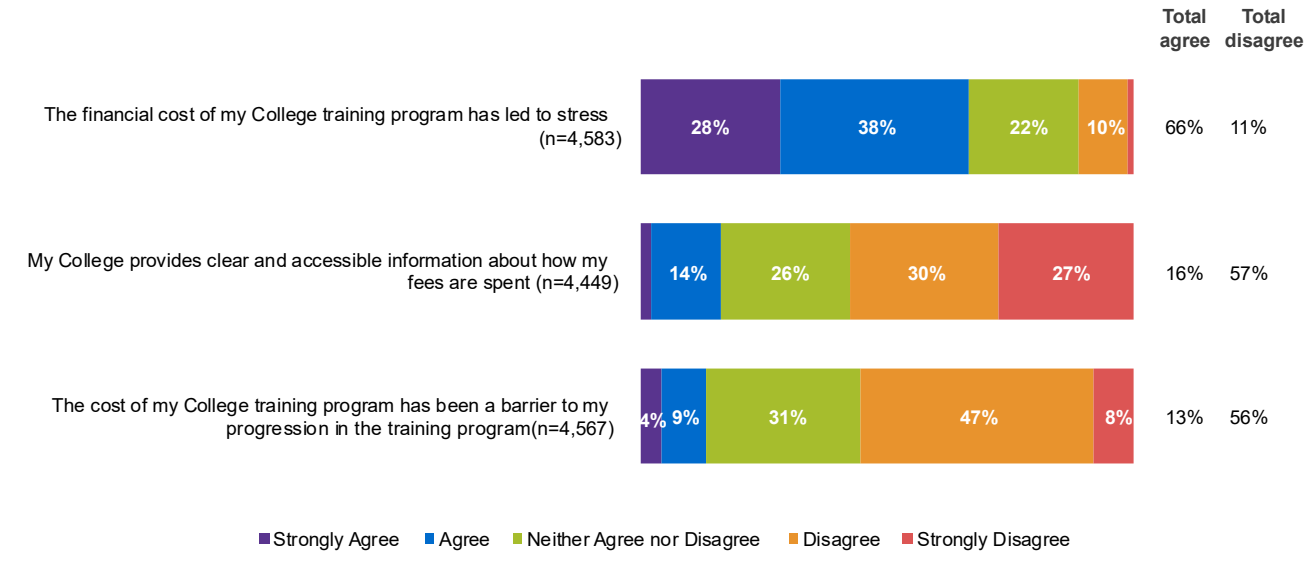
Q14. Which specialist training program(s) are you doing?

Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?



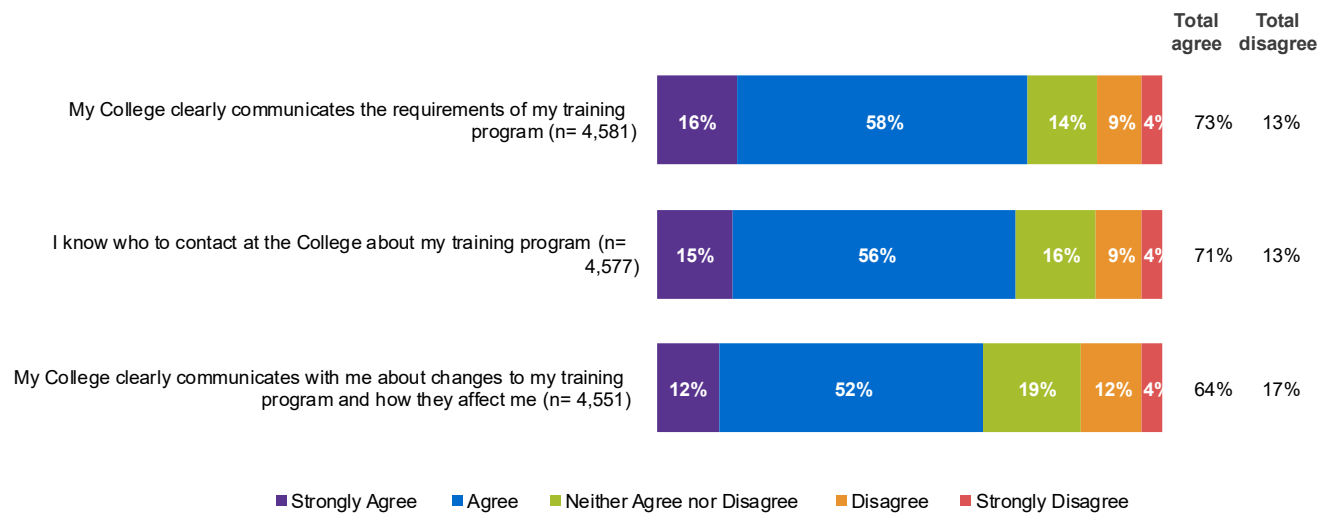
Base: Specialist non-GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q21a. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?



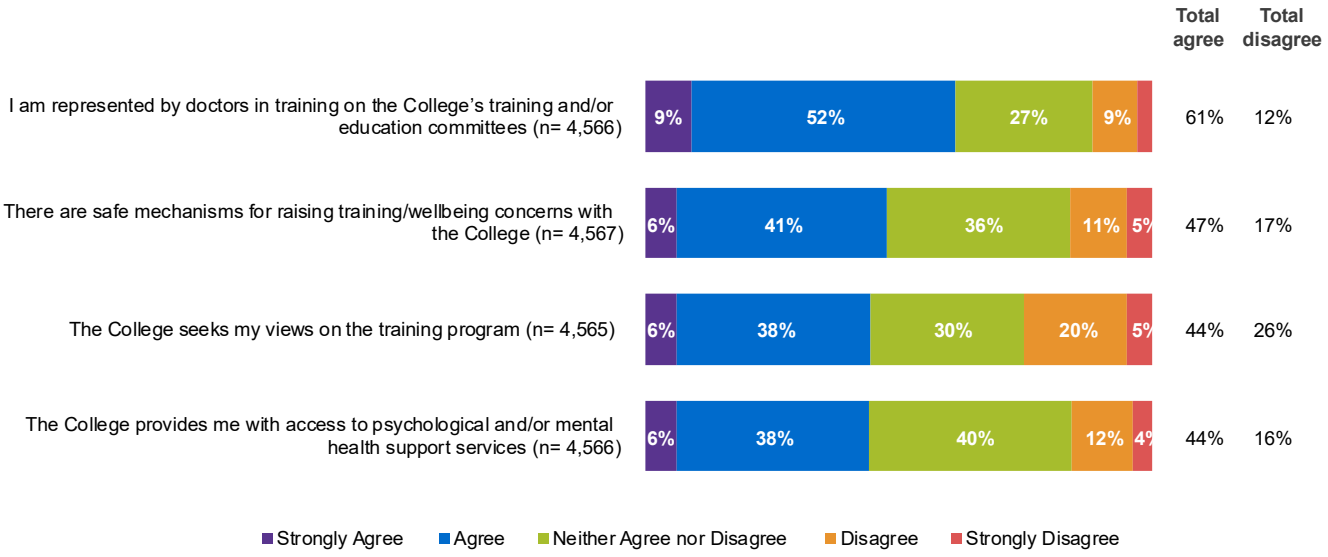
Base: Specialist non-GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q22. Thinking about how [College] communicates with you about your training program, to what extent do you agree or disagree with the following statements?



Base: Specialist non-GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

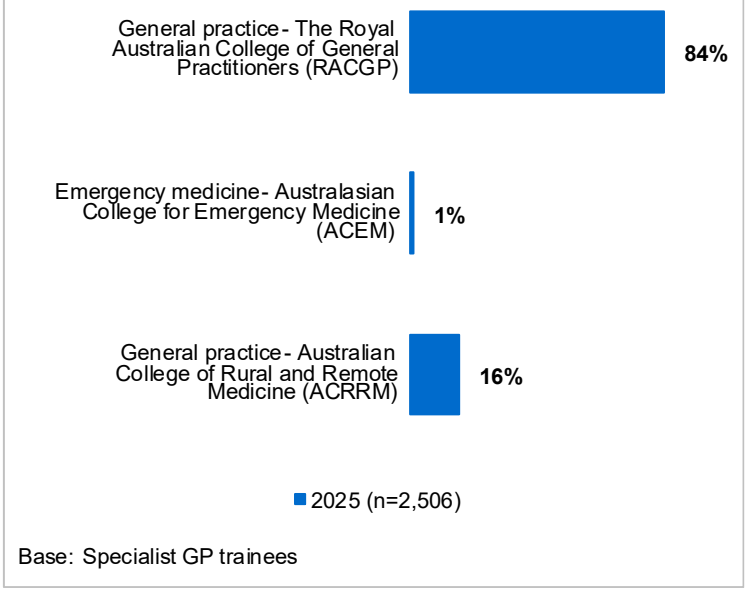
Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?



Base: Specialist non-GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

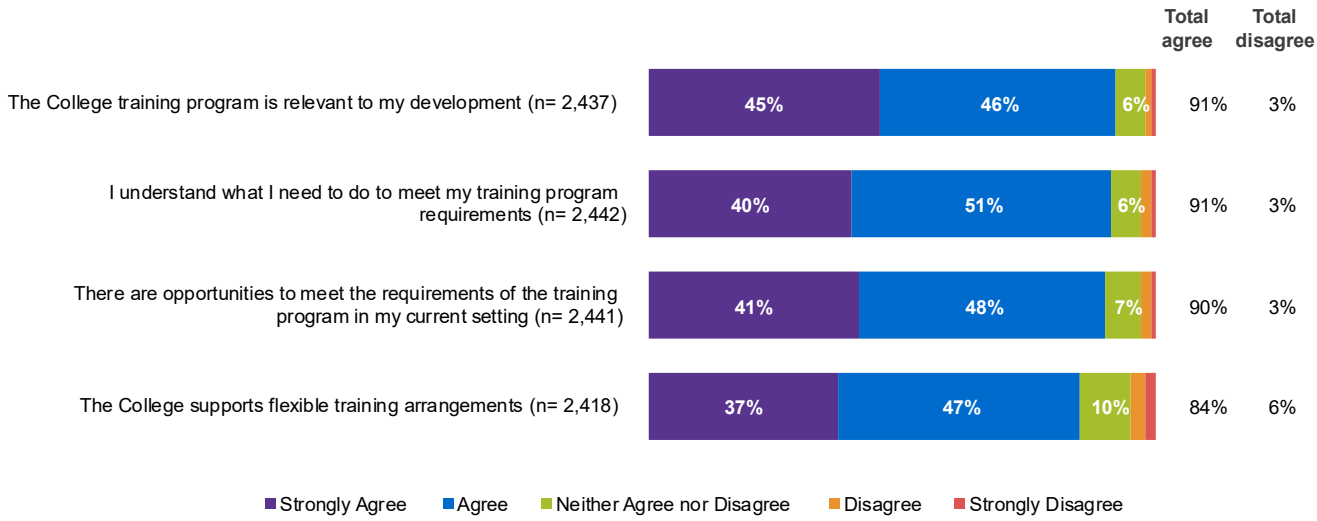
4.2.4 Specialist GP trainees

Q14. Which specialist training program(s) are you doing?



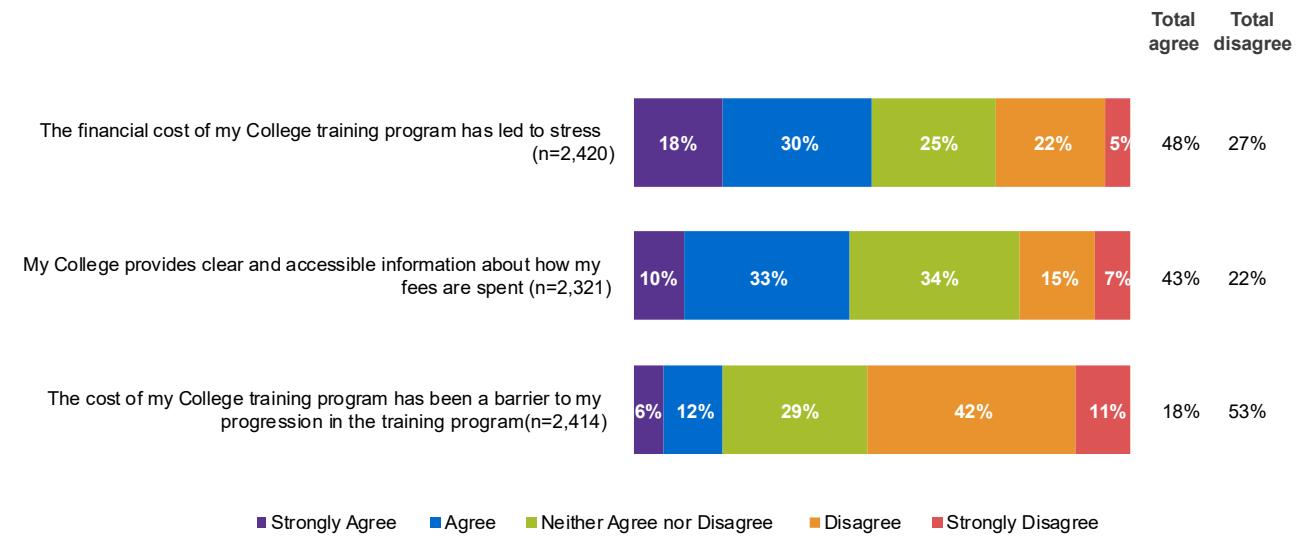
Base: Specialist GP trainees

Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?



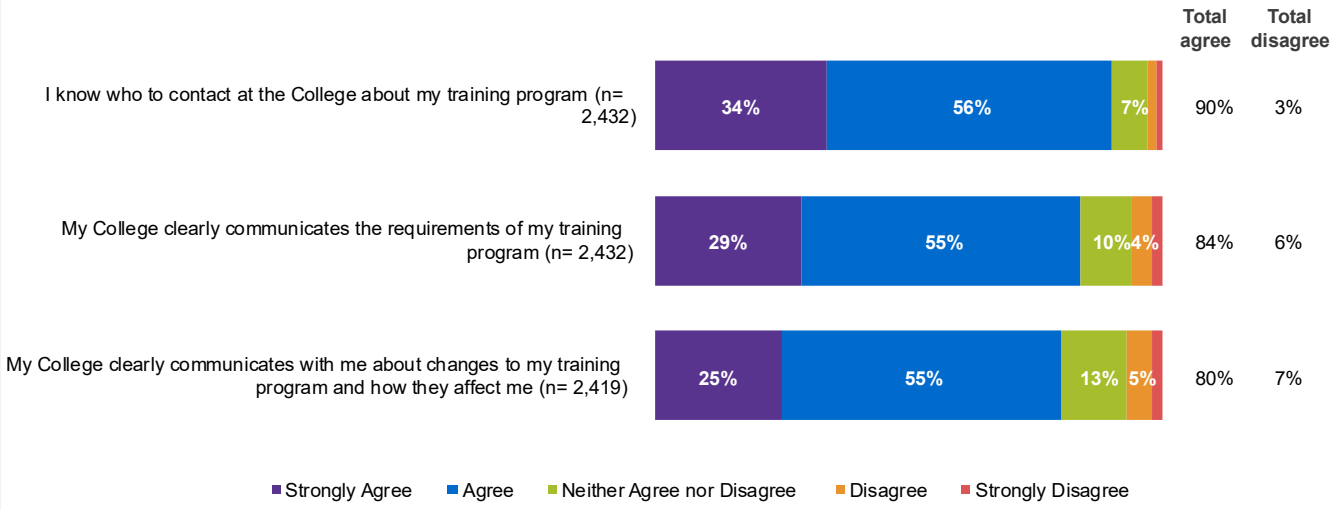
Base: Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q21a. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?



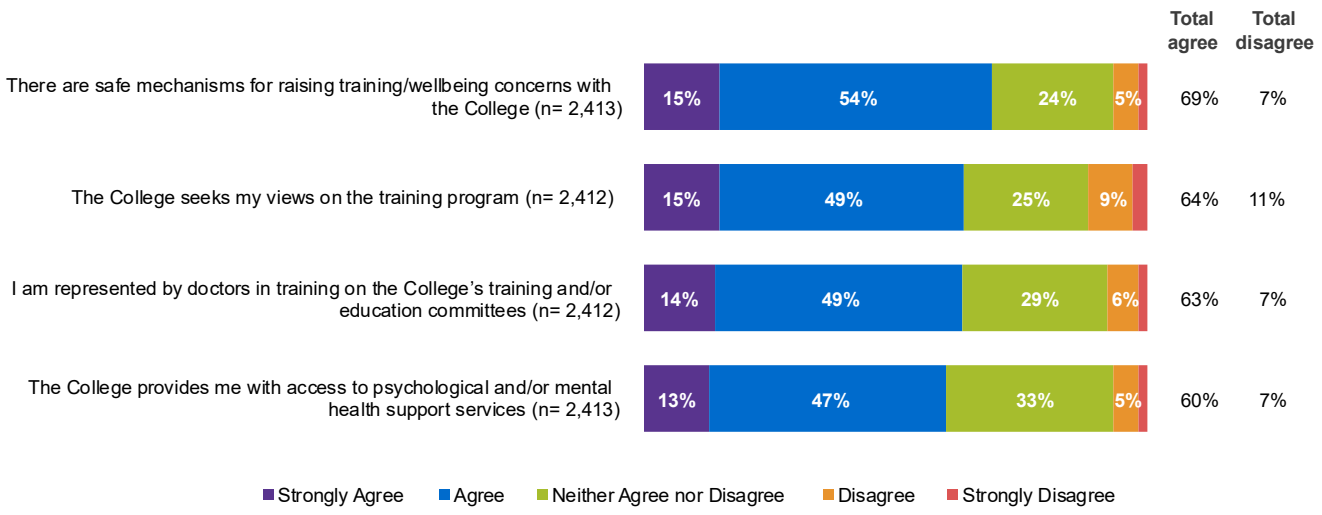
Base: Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q22. Thinking about how [College] communicates with you about your training program, to what extent do you agree or disagree with the following statements?



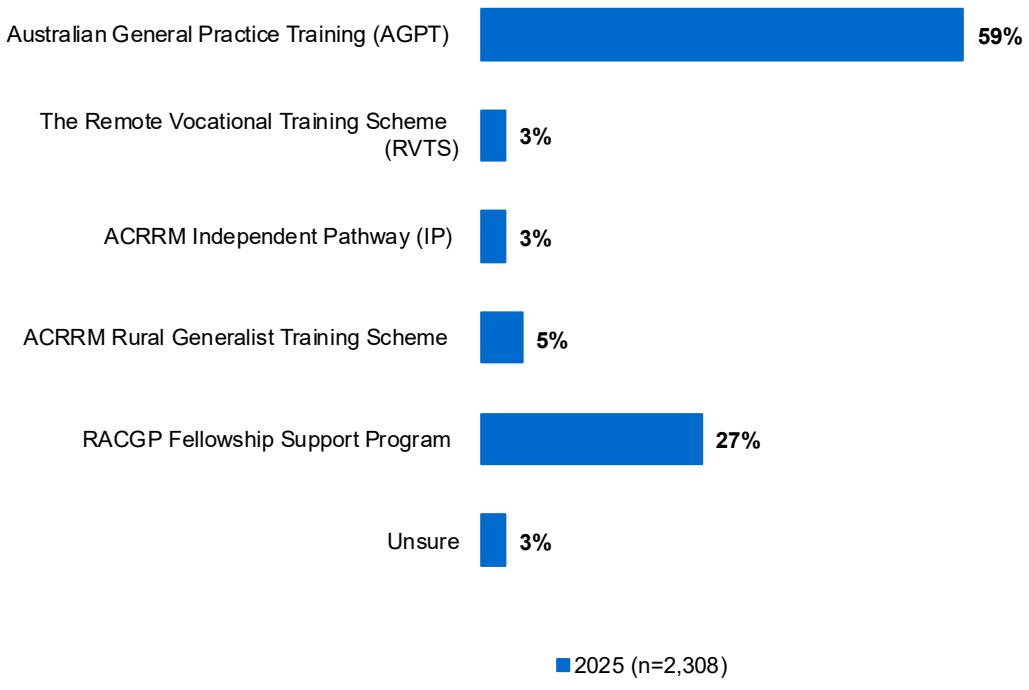
Base: Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?



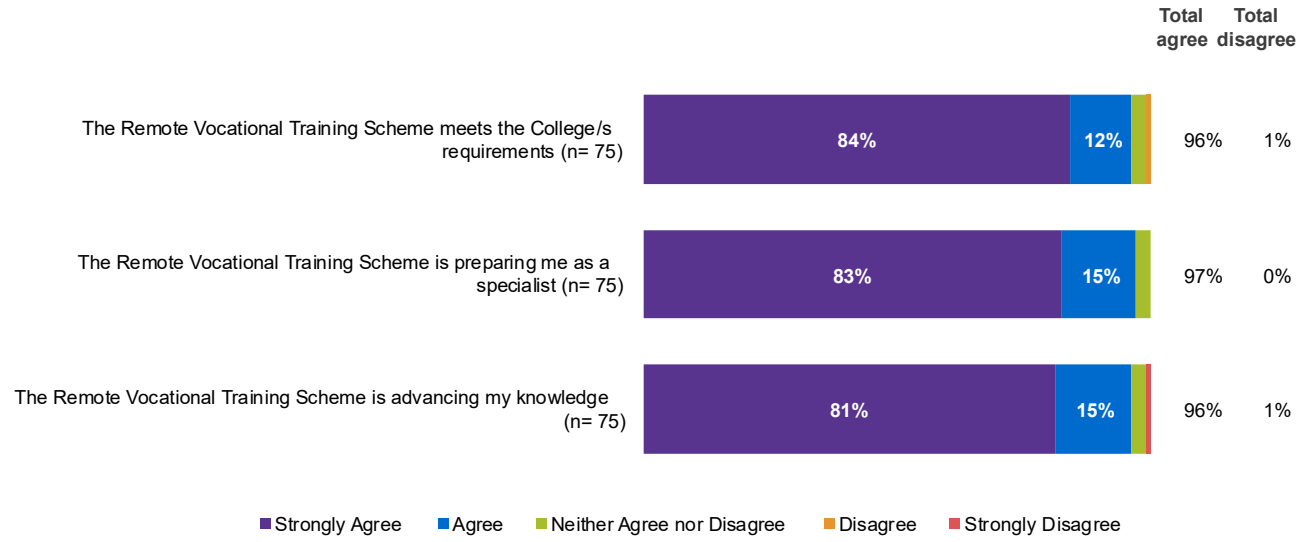
Base: Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

Q16b. Which training program are you in?



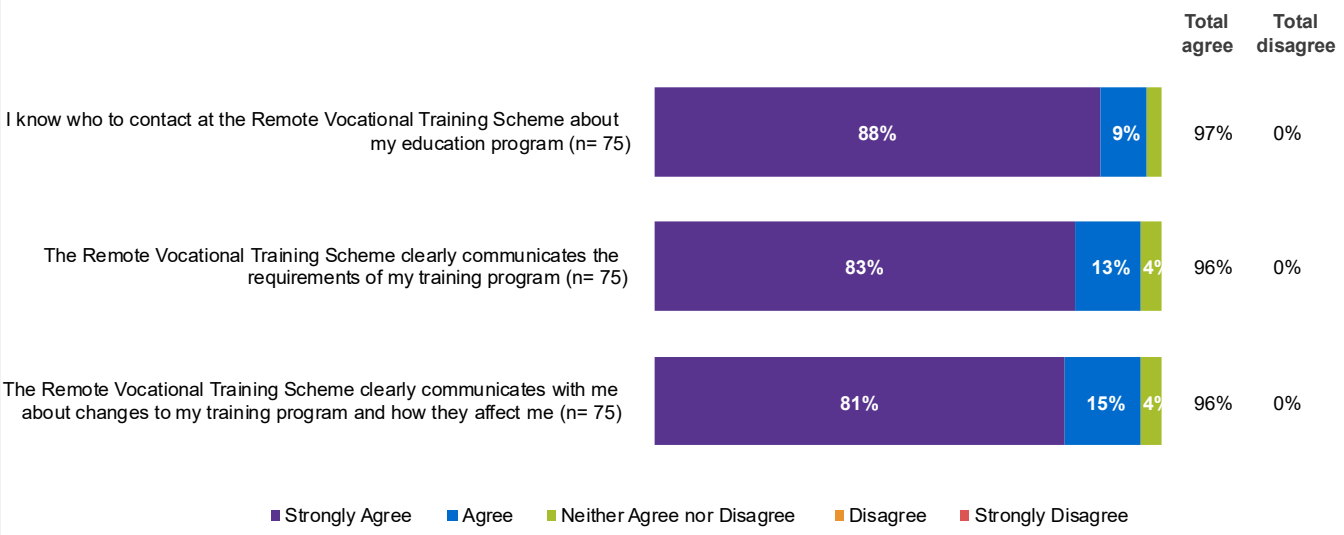
Base: Specialist GP trainees. Base size varies according to question

Q18b. Thinking about your Remote Vocational Training Scheme training program, to what extent do you agree or disagree with each of the following statements?



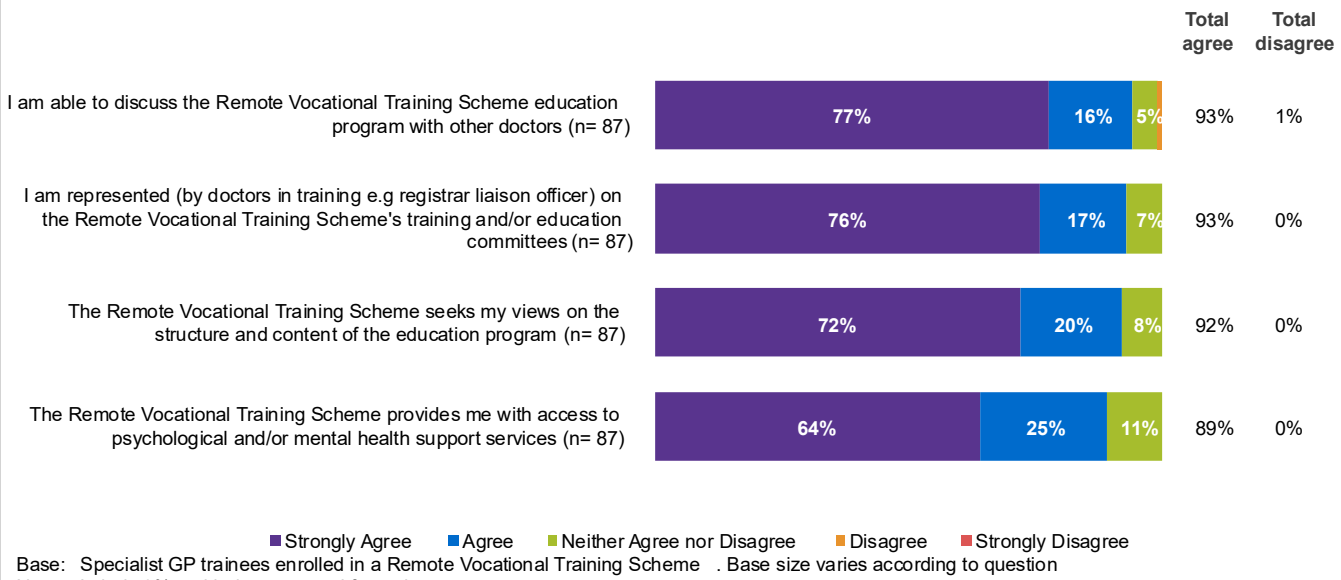
Base: Specialist GP trainees enrolled in a Remote Vocational Training Scheme . Base size varies according to question
Note: Labels 3% and below removed from chart

Q19b. Thinking about your Remote Vocational Training Scheme training program, to what extent do you agree or disagree with each of the following statements?



Base: Specialist GP trainees enrolled in a Remote Vocational Training Scheme . Base size varies according to question
Note: Labels 3% and below removed from chart

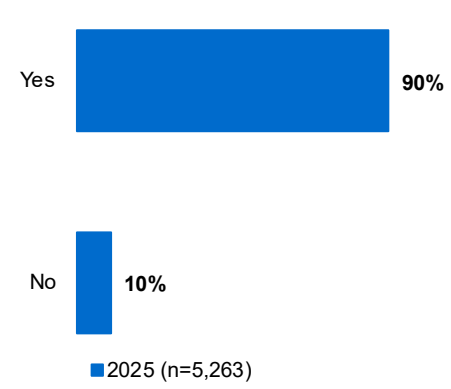
Q20b. Thinking about your Remote Vocational Training Scheme training program, to what extent do you agree or disagree with each of the following statements?



Base: Specialist GP trainees enrolled in a Remote Vocational Training Scheme . Base size varies according to question
Note: Labels 3% and below removed from chart

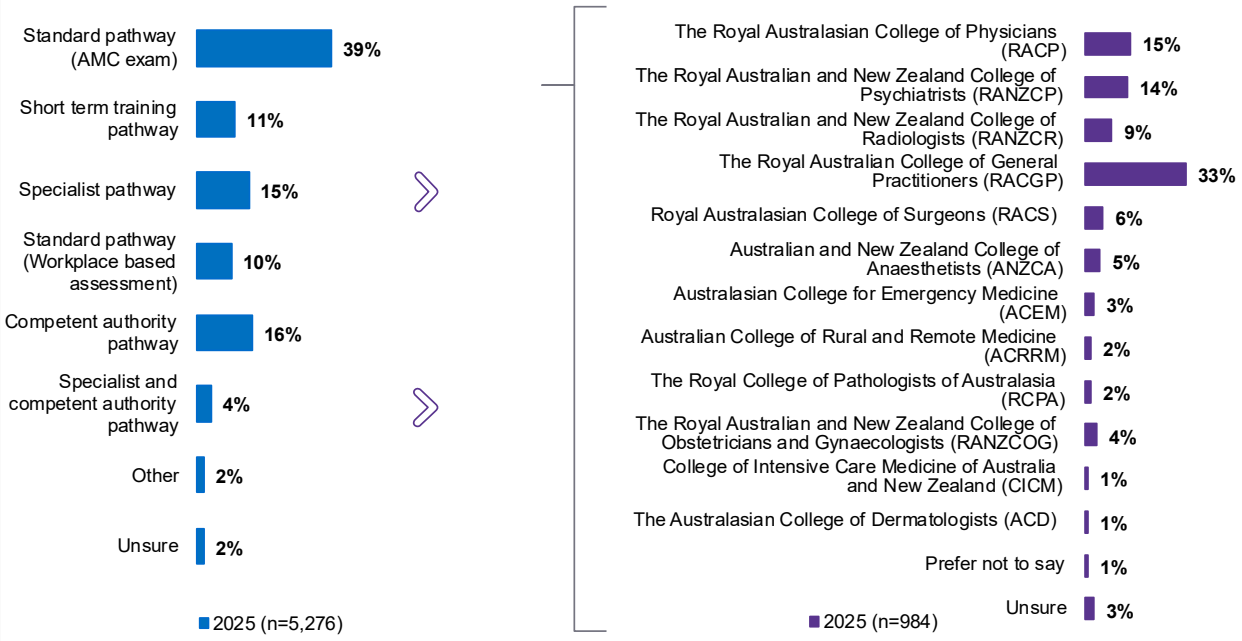
4.2.5 International medical graduates (IMGs)

Q12. Do you have a professional development or training plan?



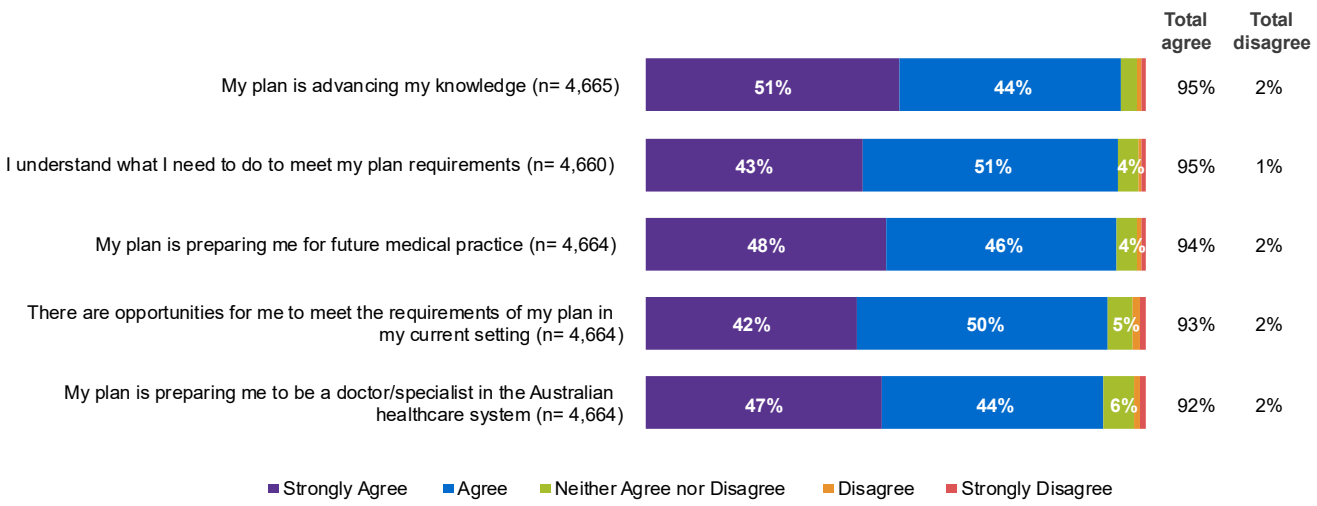
Base: International medical graduates

Q11a. Which pathway are you currently in?
Q11b. Which college(s) did your specialist pathway assessment?



Base: International medical graduates .
Base: International medical graduates who selected 'Specialist pathway' or 'Specialist and competent authority pathway' in Q11a. Prefer not to say, responses <1% not shown.

Q13. Thinking about your professional development or training plan, to what extent do you agree or disagree with the following statements?

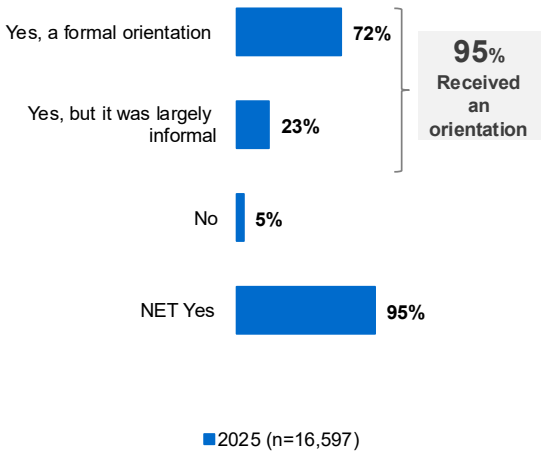


Base: International medical graduates with a professional development or training plan. Base size varies according to question | Note: Labels 3% and below removed from chart

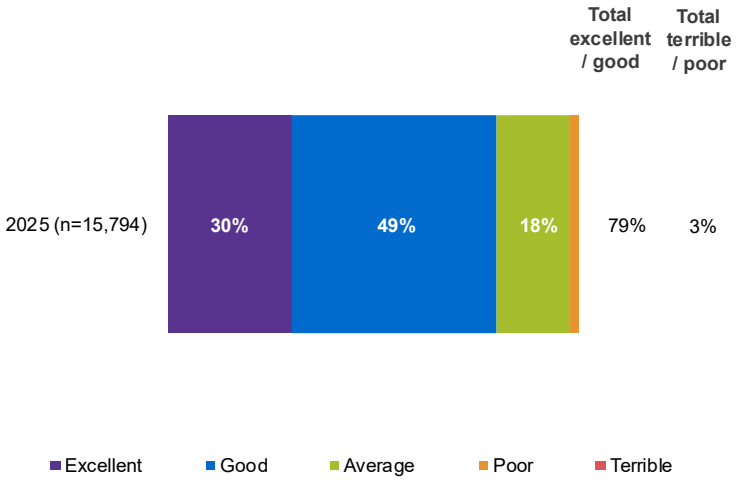
4.3 Orientation

Orientation at the doctor in training's setting

Q27a. Did you receive an orientation to your setting?



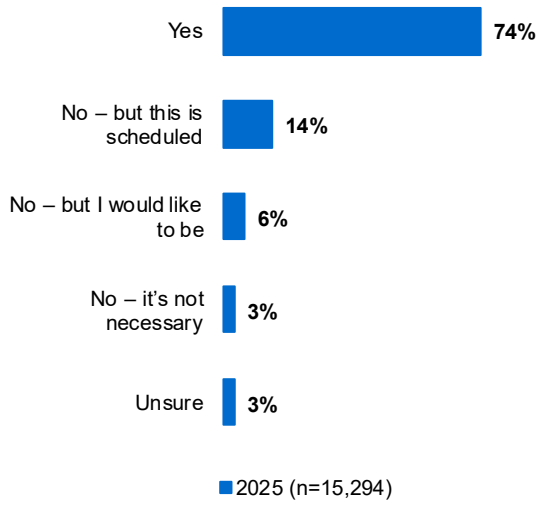
Q27b. How would you rate the quality of your orientation?



Base: National response
Base: Doctors in training that received an orientation
Note: Labels 3% and below removed from chart

4.4 Assessment

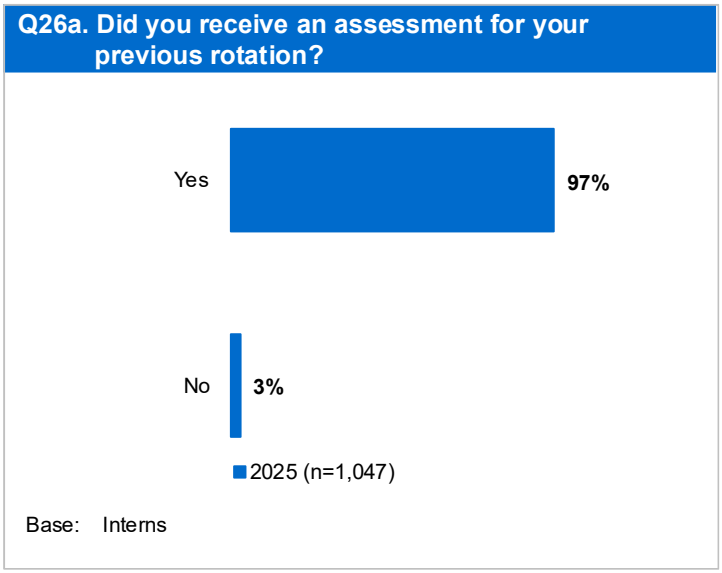
Q32. Has your performance been assessed in your setting?



Base: National response

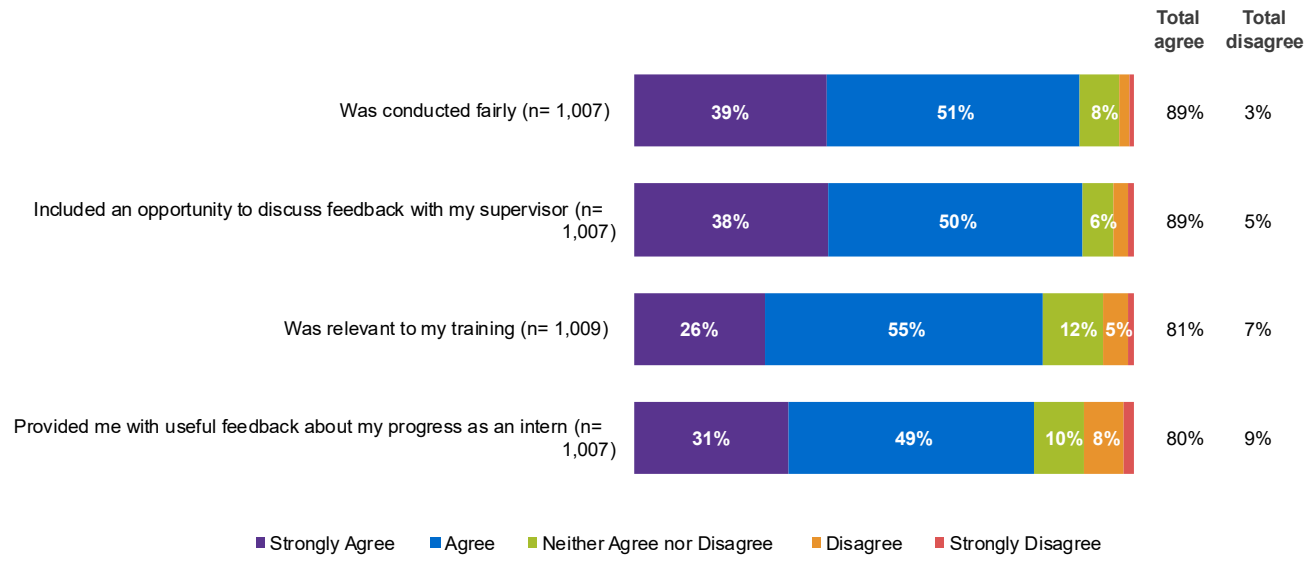
4.4.1 Interns

Q26a. Did you receive an assessment for your previous rotation?



Base: Interns

Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation…

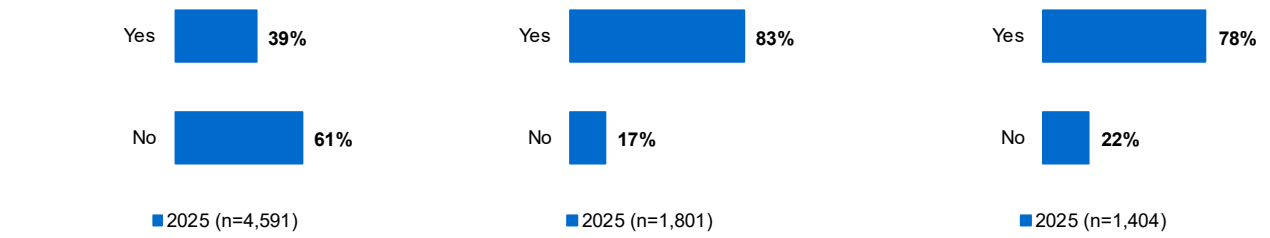


Base: Interns. Base size varies according to question | Note: Labels 3% and below removed from chart.

4.4.2 Specialist trainees – exams

4.4.2.1 Specialist non-GP trainees

College exams: Specialist non-GP trainees

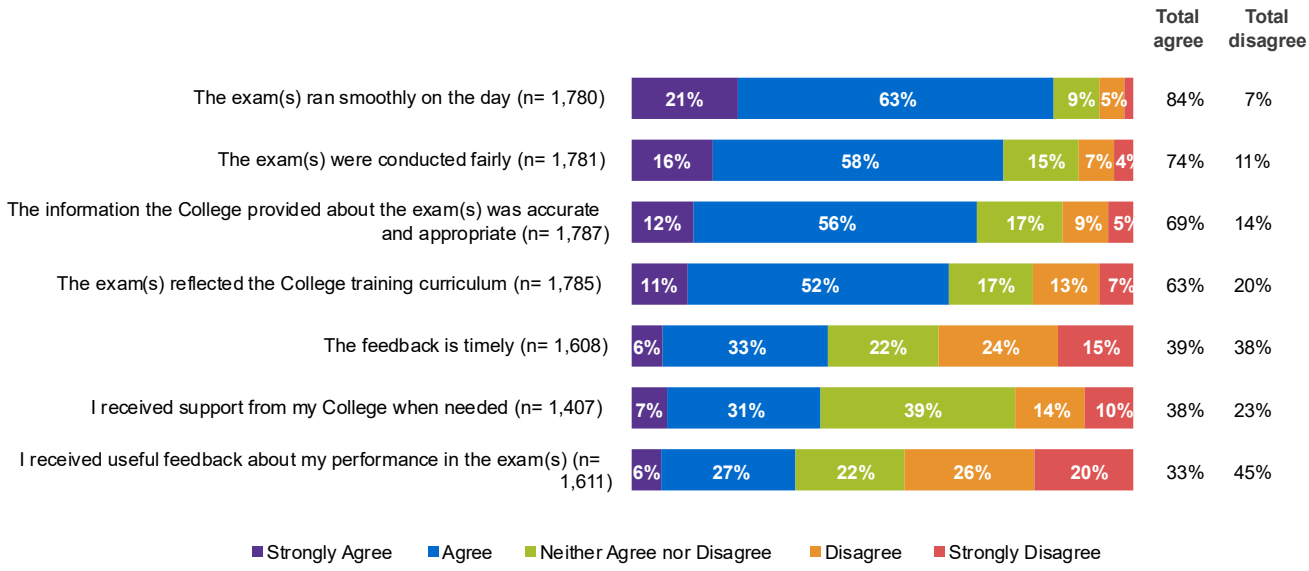


Base: Specialist non-GP trainees
Q23a. In the last 12 months, have you sat one or more exams from…?

Base: Specialist non-GP trainees
Q23b. Have you received the results of your most recent exam from…?

Base: Specialist non-GP trainees
Q23c. Did you pass the exam for…?

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

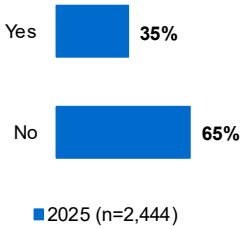


Base: Specialist non-GP trainees. Base size varies according to question

4.4.2.2 Specialist GP trainees

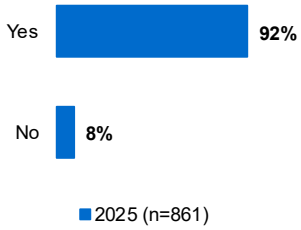
College exams: Specialist GP trainees

Specialist GP trainees who have sat an exam in the last 12 months…



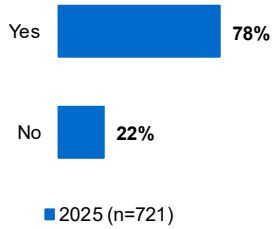
Base: Specialist GP trainees
Q23a. In the last 12 months, have you sat one or more exams from…?

Of those who sat an exam(s) receive their results…



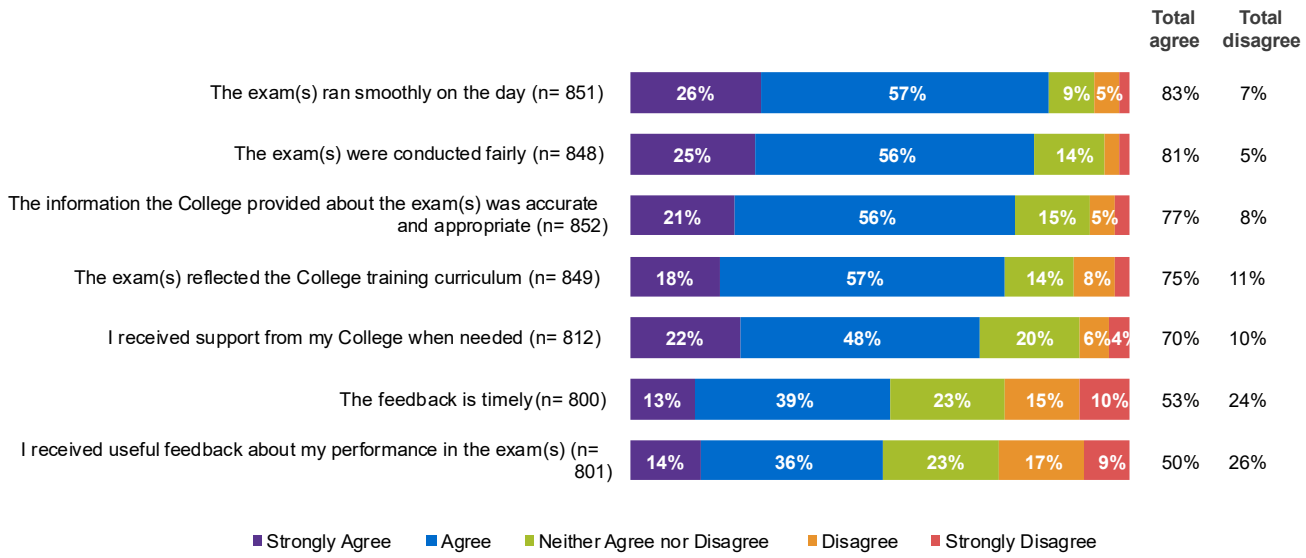
Base: Specialist GP trainees
Q23b. Have you received the results of your most recent exam from…?

Of those who received results, passed their exam(s)…



Base: Specialist GP trainees
Q23c. Did you pass the exam for…?

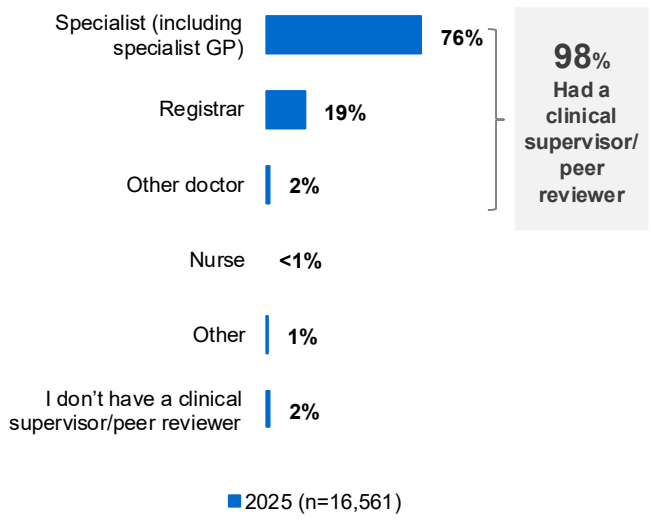
Q24. Thinking about all your [College] exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?



Base: Specialist GP trainees. Base size varies according to question

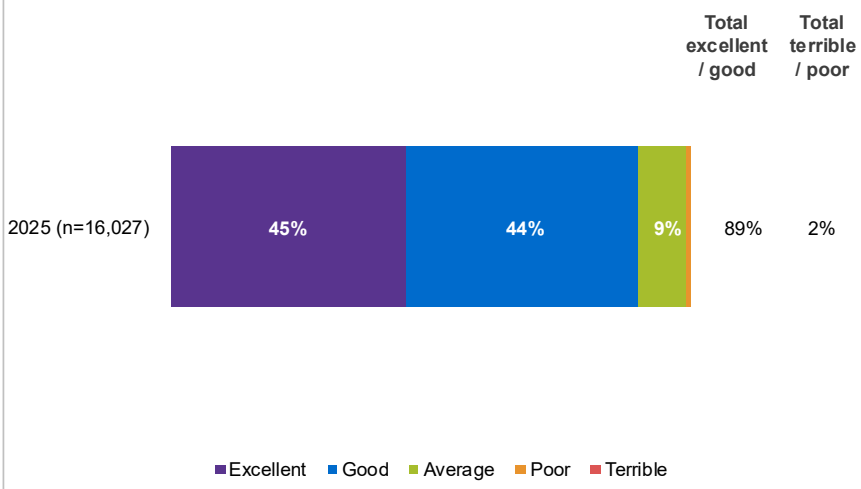
4.5 Clinical supervision

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



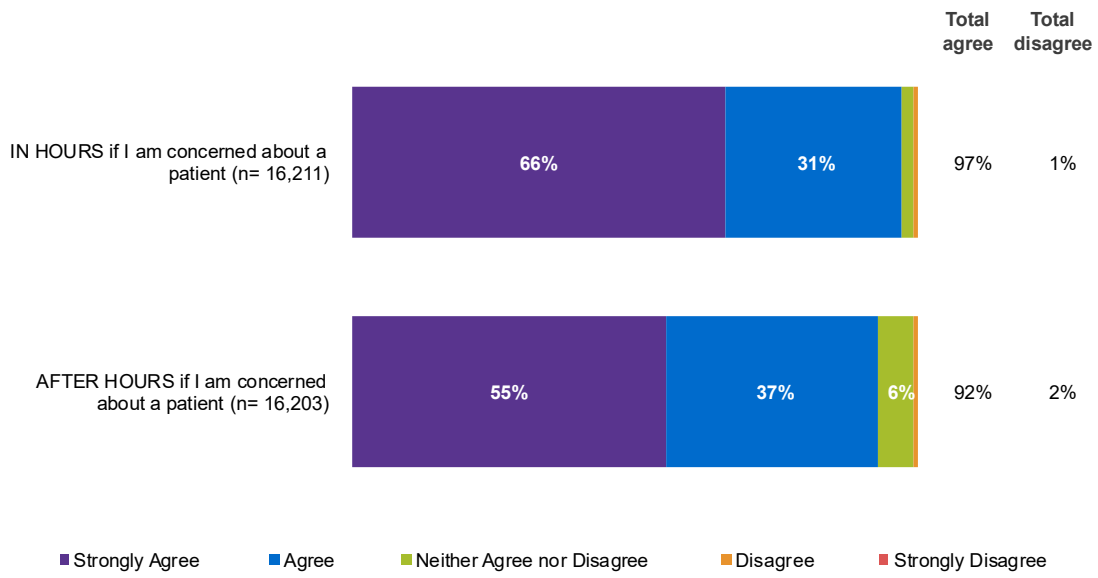
Base: National response

Q31. For your setting, how would you rate the quality of your clinical supervision?



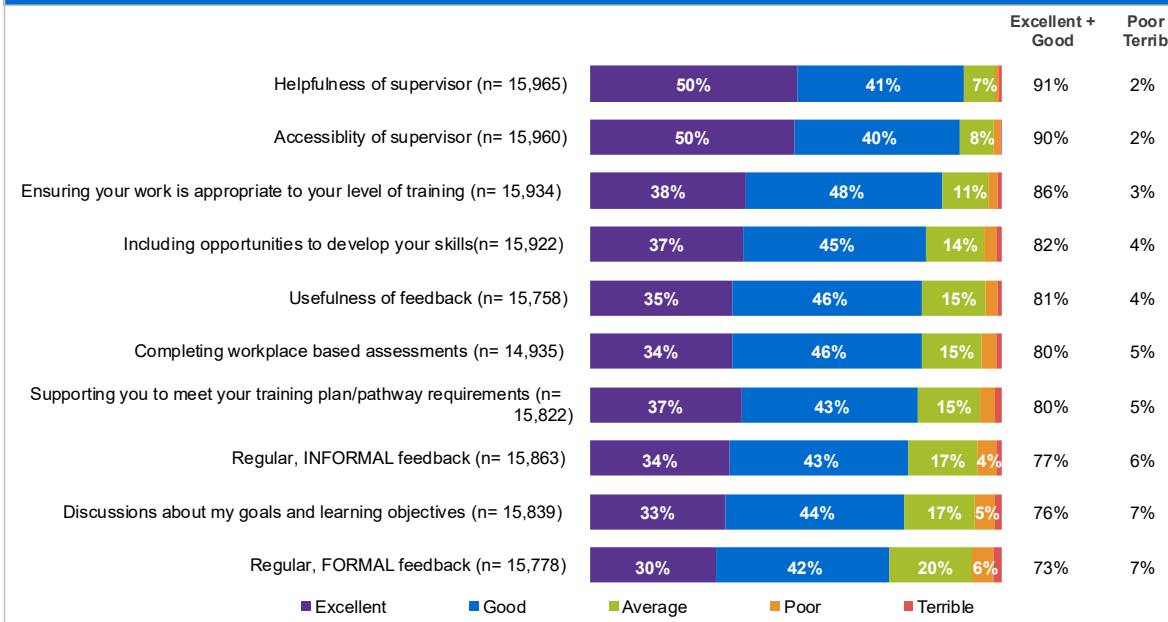
Base: National response
Note: Labels 3% and below removed from chart

Q29. To what extent do you agree or disagree with the following statements? In my setting, if my clinical supervisor(s) is not available I am able to contact other senior medical staff…



Base: National response
Note: Labels 3% and below removed from chart

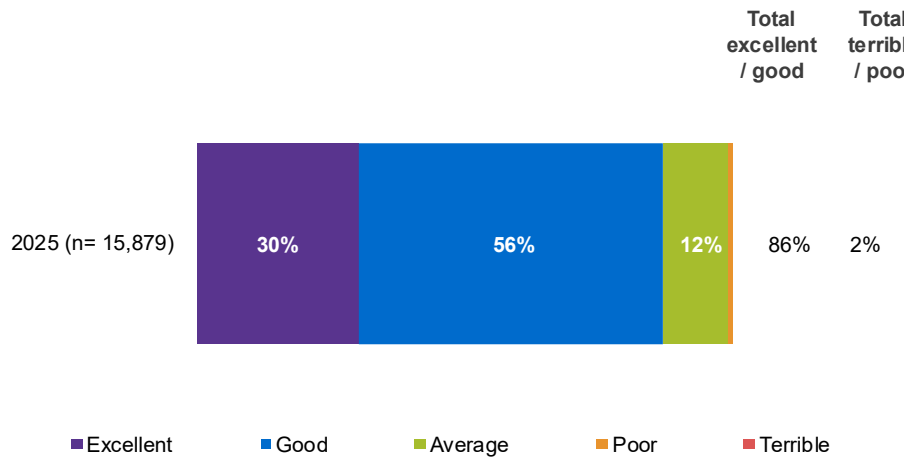
Q30. In your setting, how would you rate the quality of your overall clinical supervision for…



Base: National response | Note: Labels 3% and below removed from chart.
The question marked with a ^ was shown to interns as "Supporting you to meet your intern education program requirements".

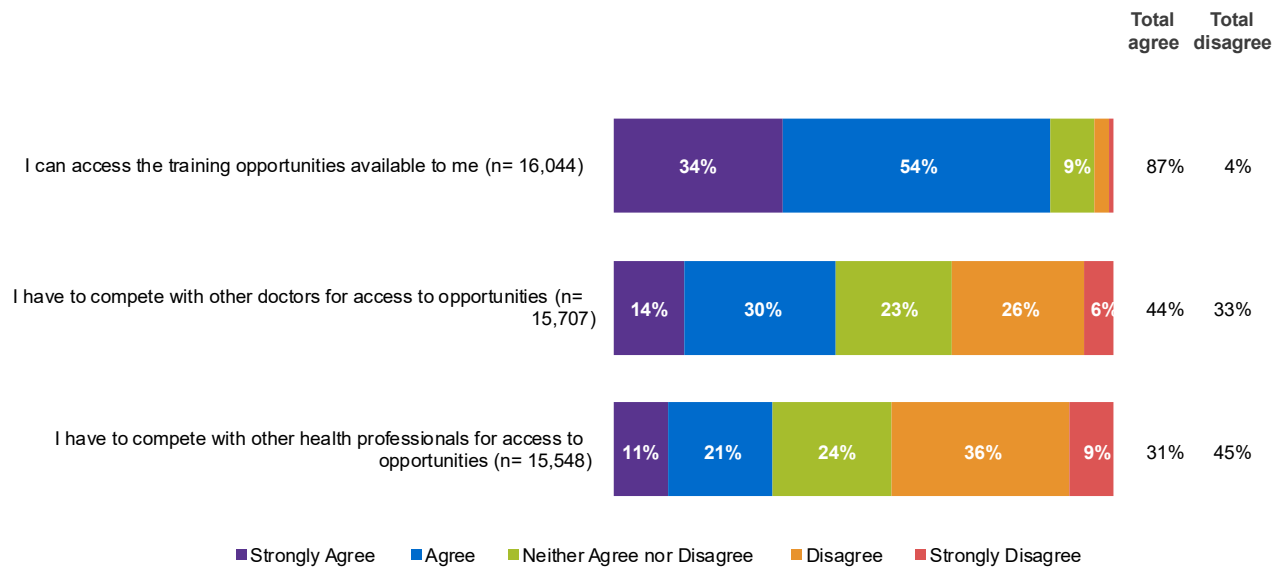
4.6 Access to teaching

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



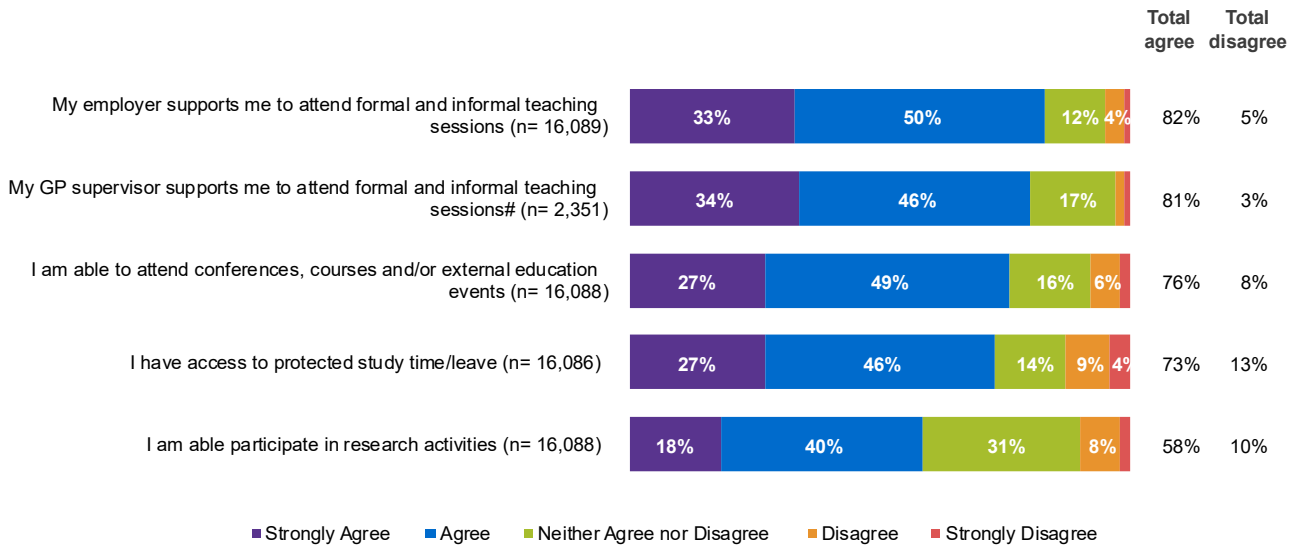
Base: National response
Note: Labels 3% and below removed from chart

Q33. Thinking about the development of your skills, to what extent do you agree or disagree with the following statements? In my setting…



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart

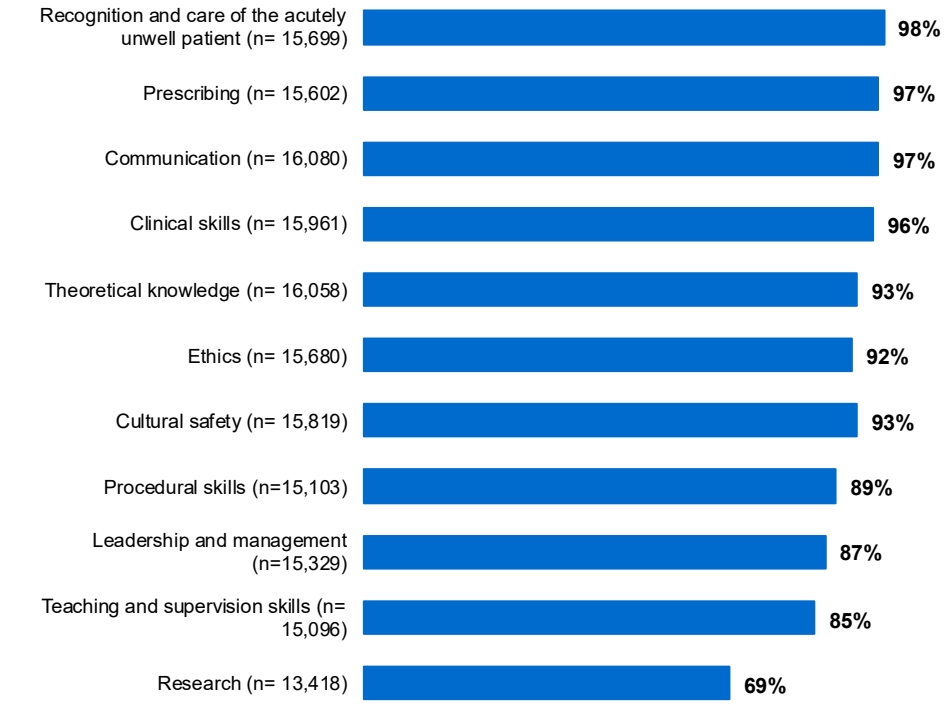
Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?



Base: National response except # which was asked of Specialist GP trainees. Base size varies according to question | Note: Labels 3% and below removed from chart

4.6.1 Opportunities for development

Q35. In your setting, do you have sufficient opportunities to develop your…? % Yes



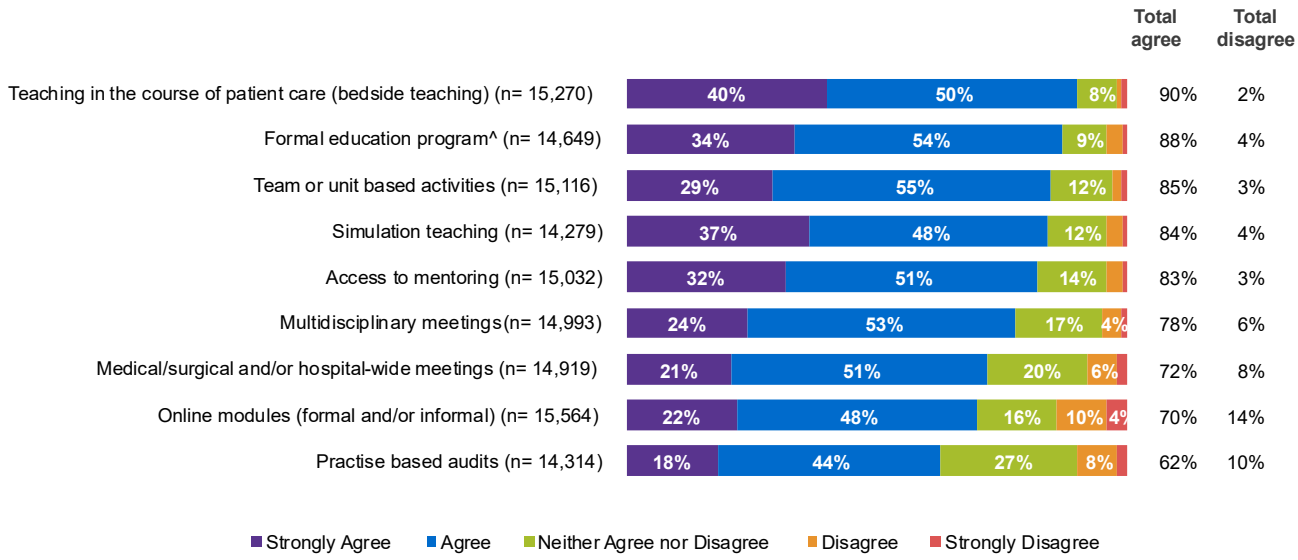
Base: National response, excluding not applicable. Base size varies according to question. 'No' responses not shown

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

Base: National response

4.6.2 Educational opportunities usefulness

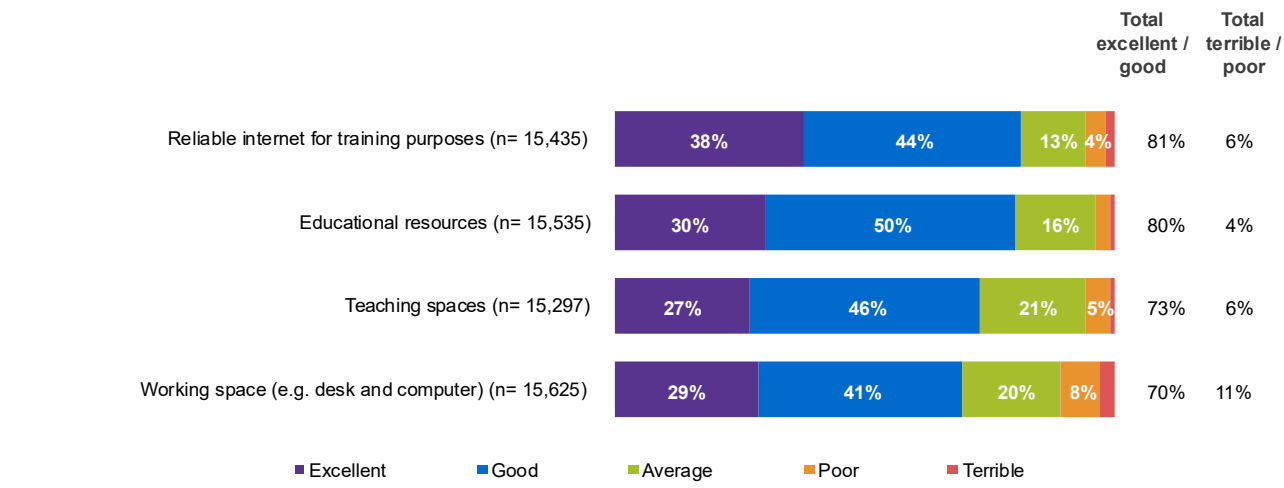
Q38. To what extent do you agree or disagree that the following educational activities have been useful in your development as a doctor?



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart.
The question marked with a ^ was not shown to interns.

4.7 Facilities

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

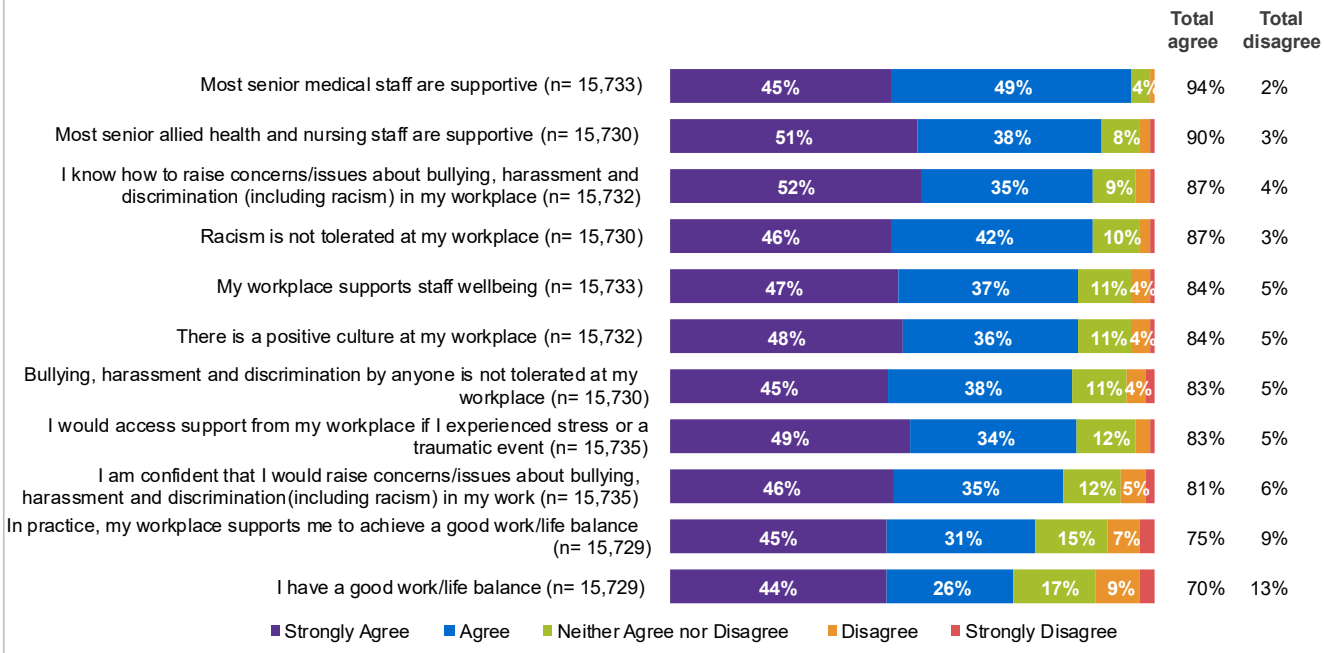


Base: National response, excludes not provided.
Base size varies according to question | Note: Labels 3% and below removed from chart.

4.8 Workplace environment and culture

4.8.1 Culture within the trainee's setting

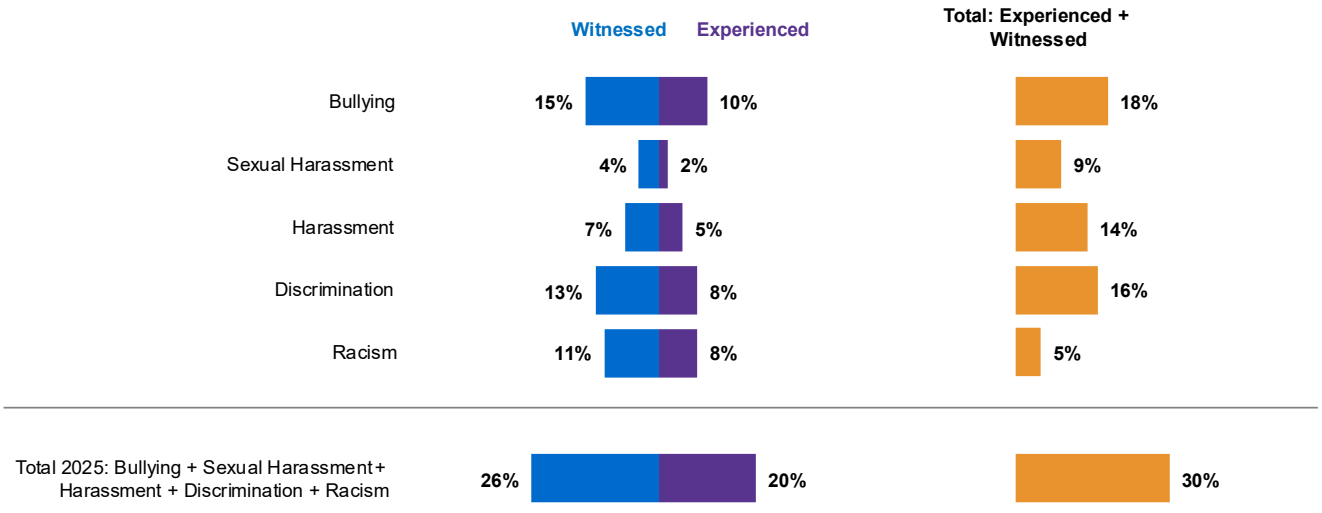
Q41. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?



Base: National response. Base size varies according to question| Note: Labels 3% and below removed from chart

4.8.2 Experienced/witnessed bullying, harassment, discrimination and/or racism

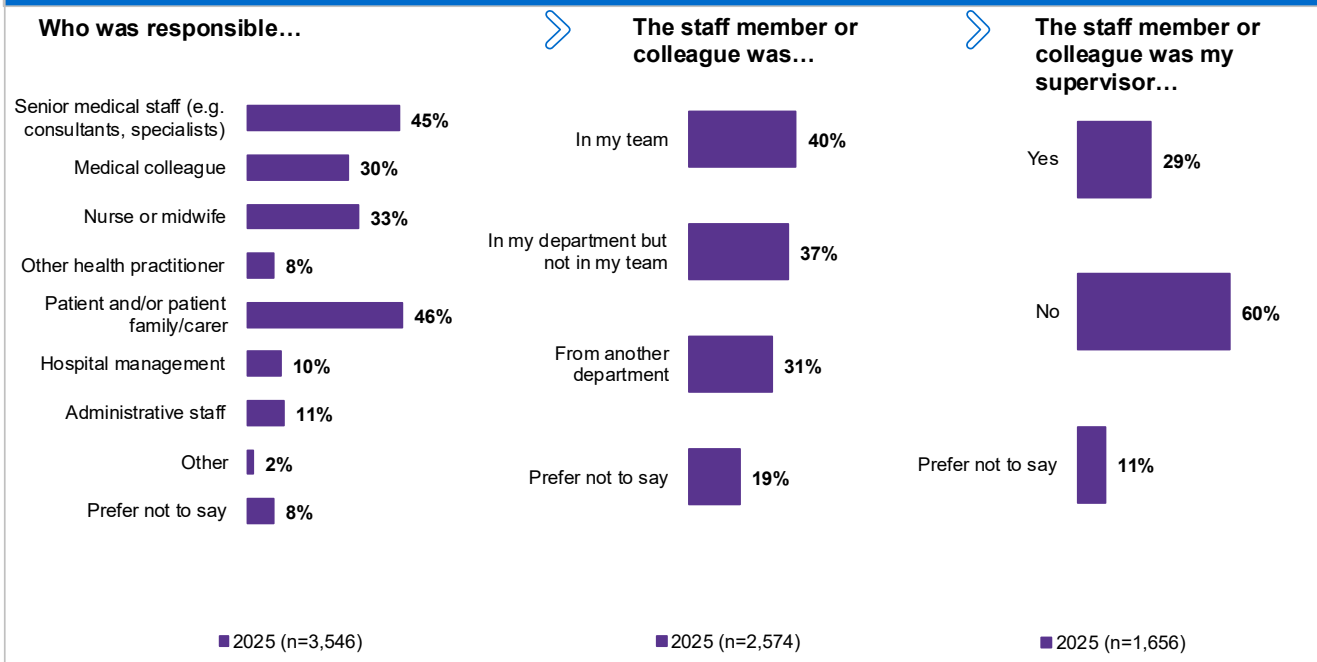
Q42. Thinking about your workplace, in the past 12 months, have you experienced or witnessed bullying, harassment, discrimination and/or racism? (% yes)



Base: National response (2025: Witnessed n=14,256, Experienced n=13,796)

4.8.3 Source of bullying, harassment, discrimination and/or racism

Witnessed bullying, harassment, discrimination and/or racism

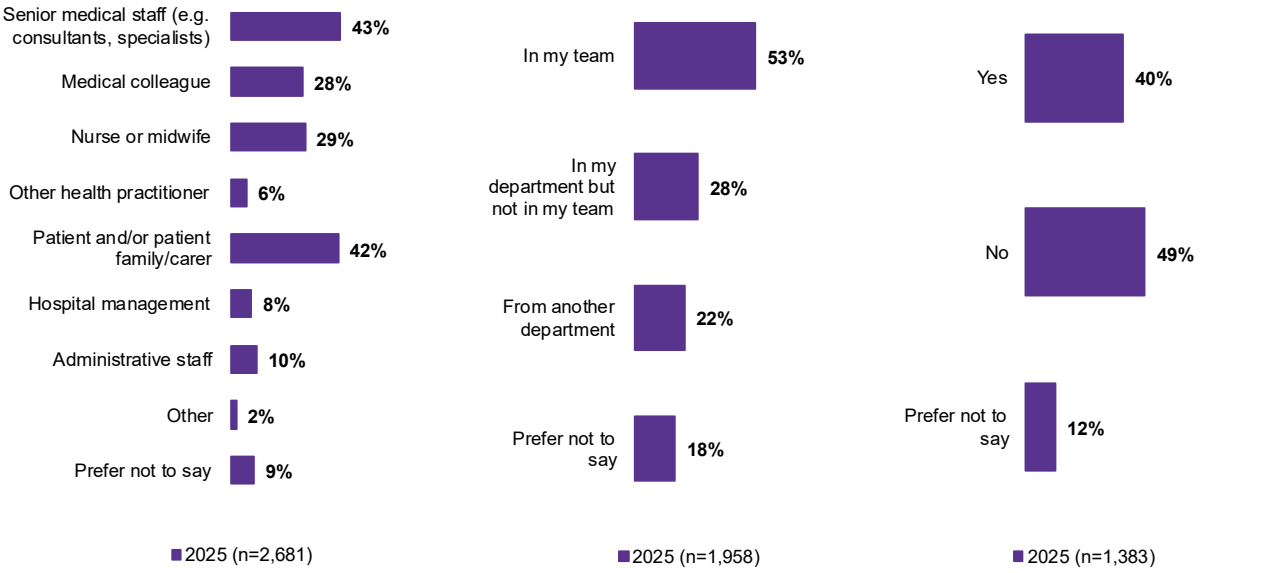


Base: Witnessed bullying, sexual harassment, harassment, discrimination and/or racism
Q42b. Who was responsible for the bullying, harassment, discrimination and/or racism that you…?

Base: Witnessed bullying, sexual harassment, harassment, discrimination and/or racism by a staff member
Q42c. The person(s) responsible was…

Base: Witnessed bullying, sexual harassment, harassment, discrimination and/or racism by a staff member in their team or department
Q42d. Was the person(s) one of your supervisors?

Experienced bullying, harassment, discrimination and/or racism



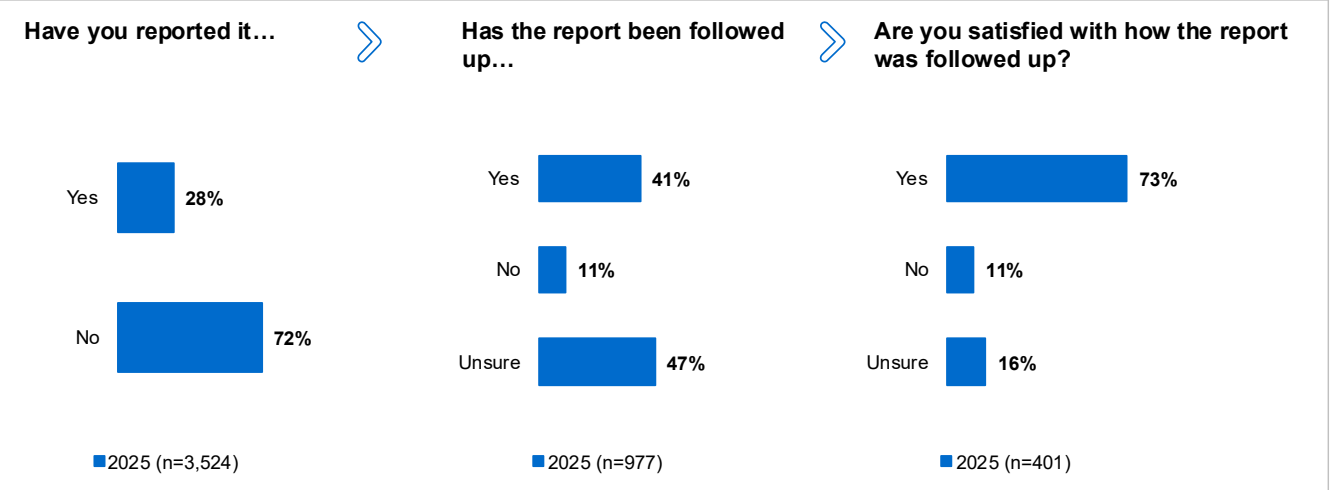
Base: Experienced bullying, harassment, discrimination and/or racism
Q42b. Who was responsible for the bullying, harassment, discrimination and/or racism that you…?

Base: Experienced bullying, harassment, discrimination and/or racism by a staff member
Q42c. The person(s) responsible was…

Base: Experienced bullying, harassment, discrimination and/or racism by a staff member in their team or department
Q42d. Was the person(s) one of your supervisors?

4.8.4 Reporting bullying, harassment, discrimination and/or racism

Witnessed bullying, harassment, discrimination and/or racism



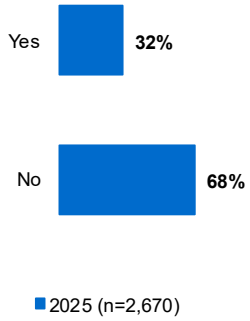
Base: Witnessed bullying, sexual harassment, harassment, discrimination and/or racism
Q42e. Have you reported it?

Base: Reported bullying, sexual harassment, harassment, discrimination and/or racism
Q42f. Has the report been followed -up?

Base: Reported bullying, sexual harassment, harassment, discrimination and/or racism
Q42g. Are you satisfied with how the report was followed-up?

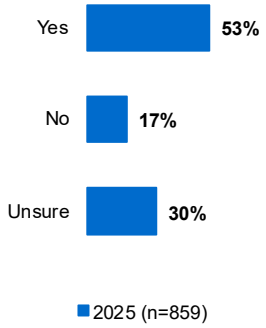
Experienced bullying, harassment, discrimination and/or racism

Have you reported it…



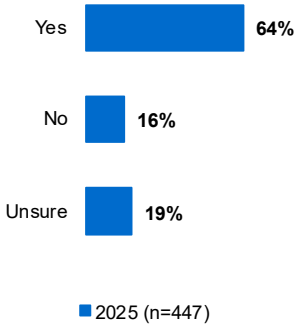
Base: Experienced bullying, sexual harassment, harassment, discrimination and/or racism
Q42e. Have you reported it?

Has the report been followed up…



Base: Reported bullying, sexual harassment, harassment, discrimination and/or racism
Q42f. Has the report been followed -up?

Are you satisfied with how the report was followed up?

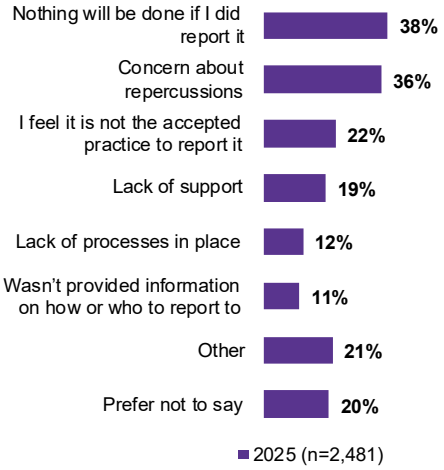


Base: Reported bullying, sexual harassment, harassment, discrimination and/or racism
Q42g. Are you satisfied with how the report was followed-up?

4.8.5 Impact of bullying, harassment, discrimination and/or racism

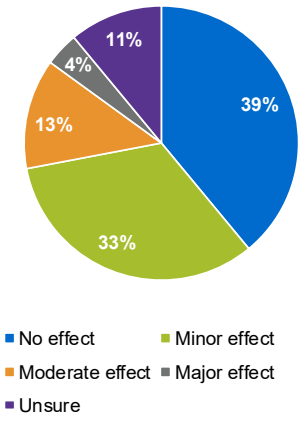
Witnessed bullying, harassment, discrimination and/or racism

What prevented you from reporting?



Base: Witnessed bullying, sexual harassment, harassment discrimination and/or racism
and did not report it
Q42i. What prevented you from reporting?

How has the incident adversely affected your medical training?



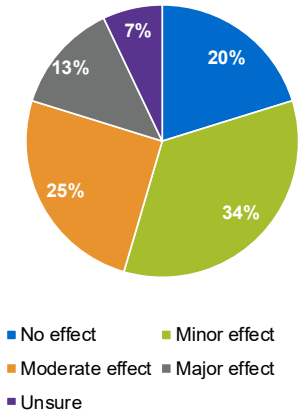
Base: Witnessed bullying, bullying, sexual harassment, discrimination and/or racism (n=3,522)
Q42h. How has the incident adversely affected your medical training?

Experienced bullying, harassment, discrimination and/or racism

What prevented you from reporting?

Base: Experienced bullying, sexual harassment, harassment discrimination and/or racism and did not report it
Q42i. What prevented you from reporting?

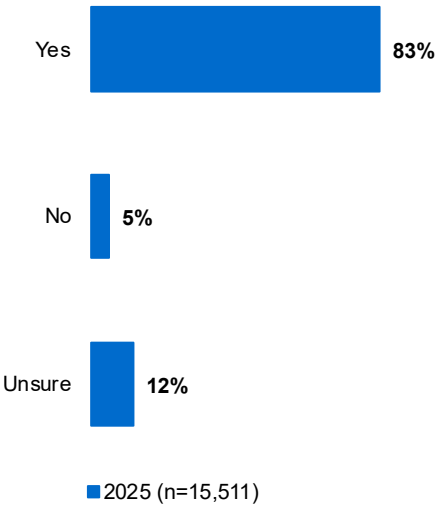
How has the incident adversely affected your medical training?



Base: Experienced bullying, bullying, sexual harassment, harassment, discrimination and/or racism (n =2,674)
Q42h. How has the incident adversely affected your medical training?

4.8.6 Doctors in training who know how to access support for their mental and physical health

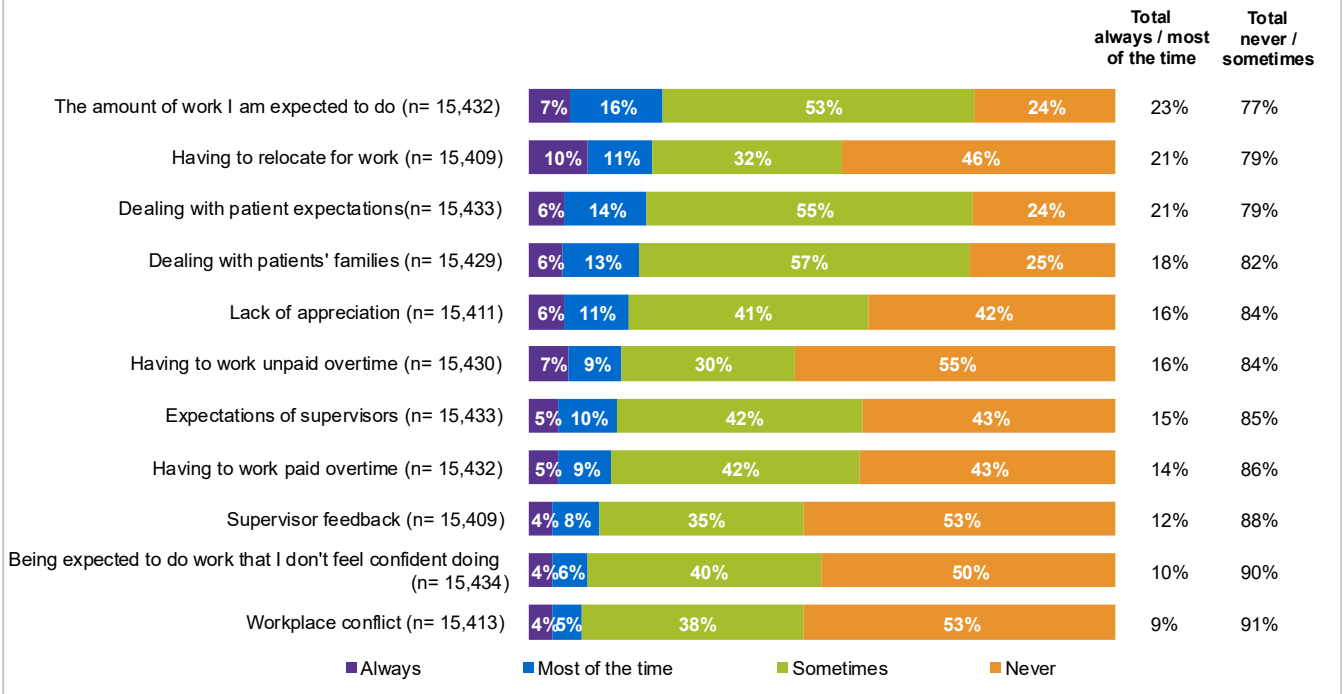
Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?



Base: National response

4.8.7 Frequency of impacts on wellbeing

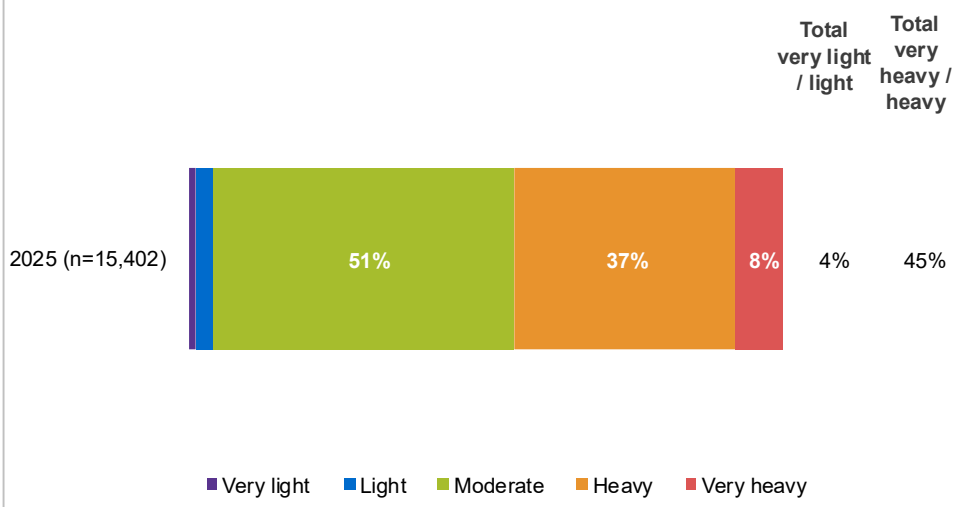
Q44. How often do the following adversely affect your wellbeing in your setting?



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart

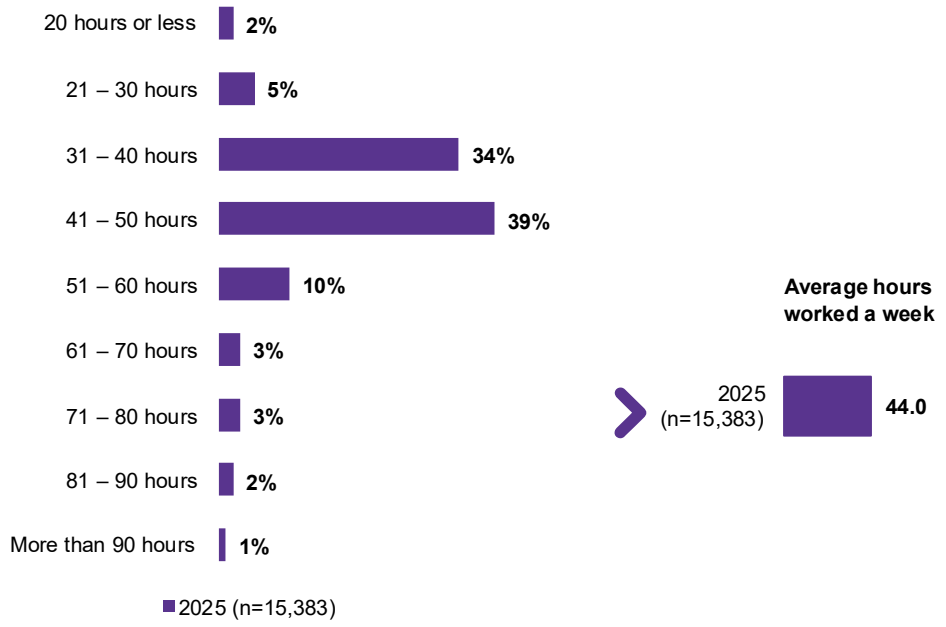
4.8.8 Ratings of workload

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



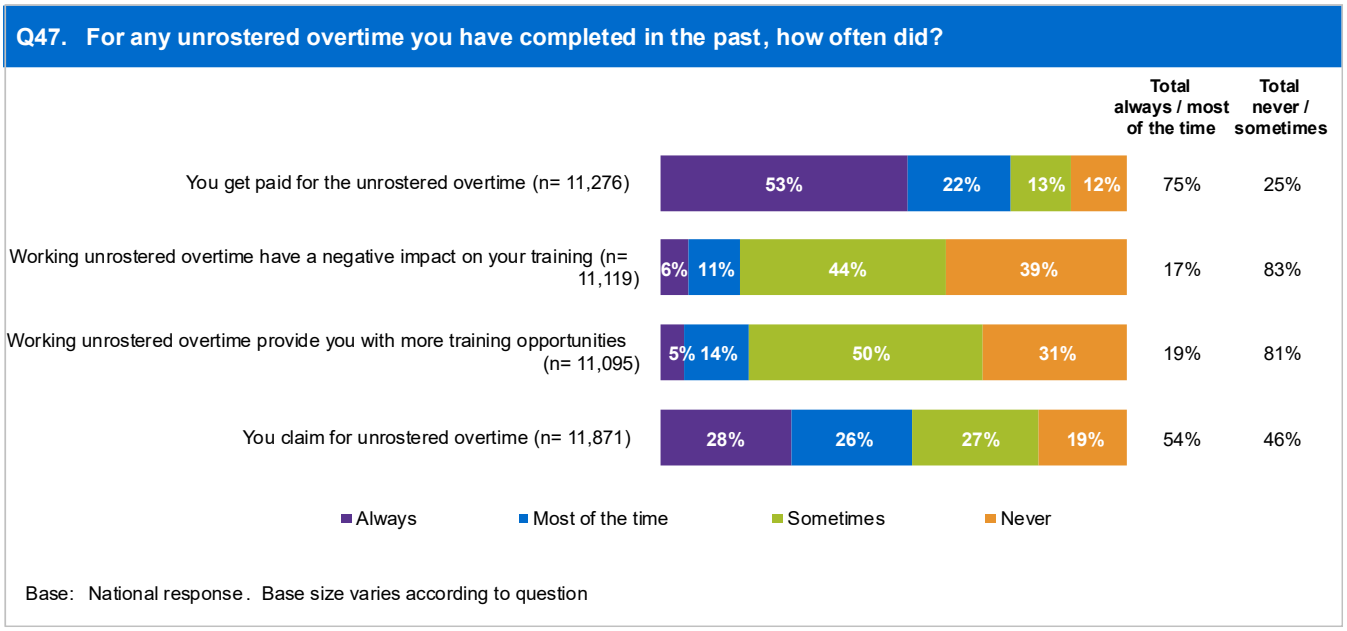
Base: National response
Note: Labels 3% and below removed from chart

Q46. On average in the past month, how many hours per week have you worked?

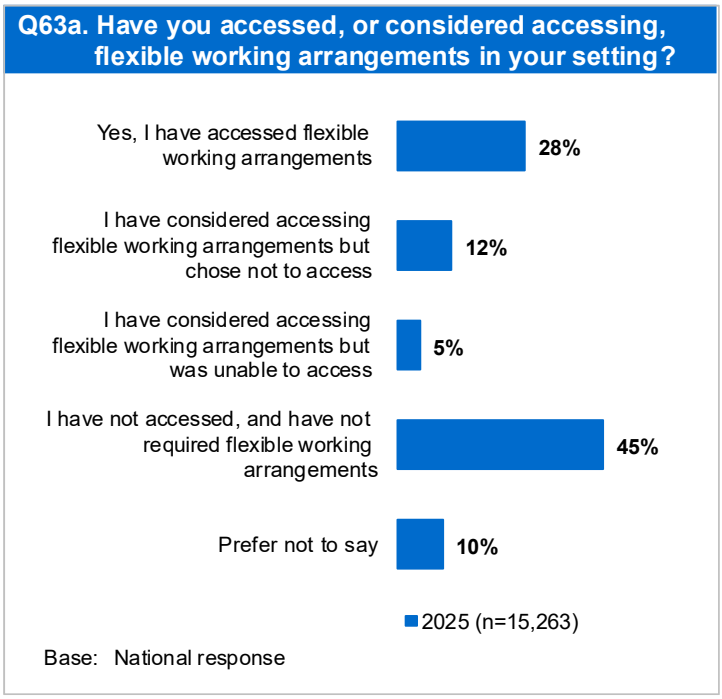


Base: National response
Note: Averages have been calculated using midpoints of the code ranges.

4.8.9 Unrostered overtime

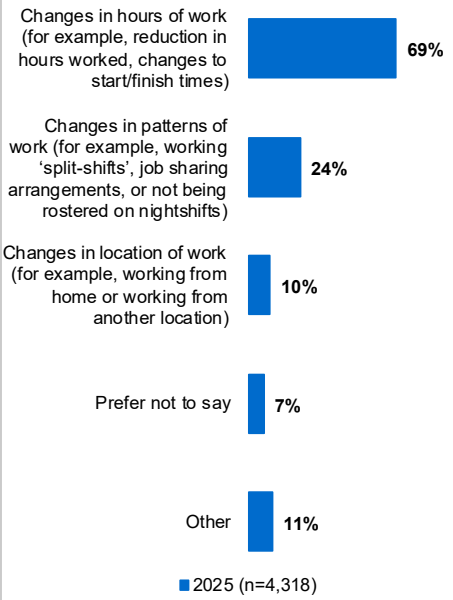


4.8.10 Flexible working arrangements



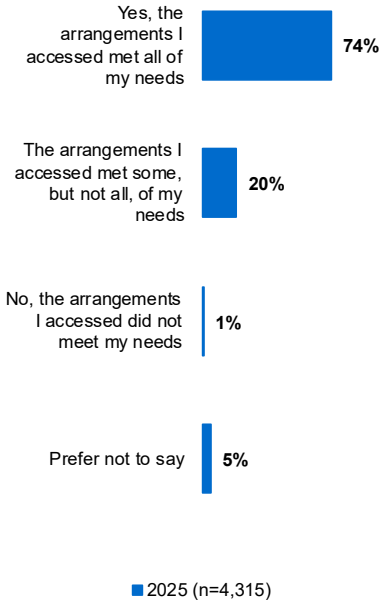
Accessed flexible working arrangements

Flexible arrangements accessed…



Base: Accessed flexible working arrangements
Q64. What sort of flexible arrangements did you access/would have liked to access?

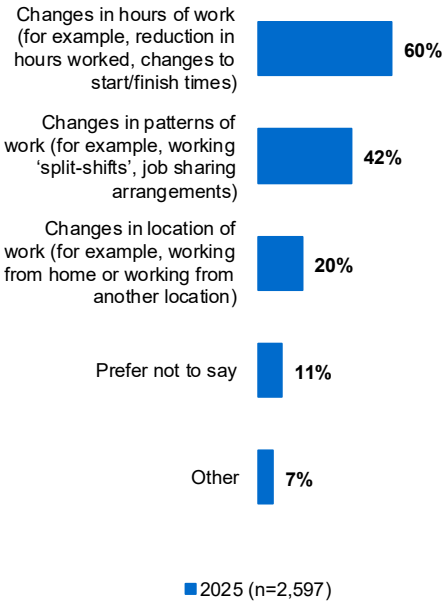
Did they meet your needs…



Base: Accessed flexible working arrangements
Q63B. Did the flexible working arrangements you accessed in your setting meet your needs?

Would like to have access to flexible working arrangements

Flexible arrangements would have liked to access…



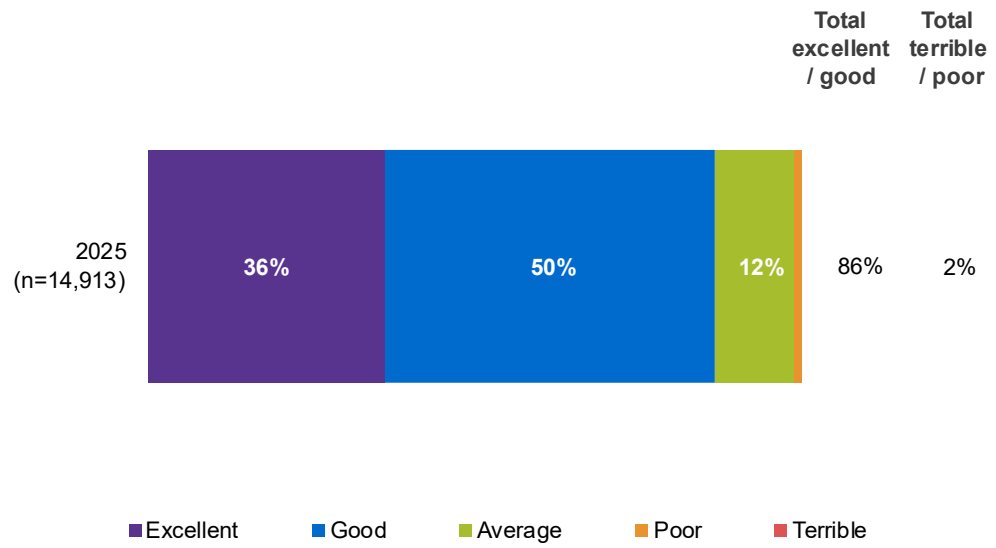
Base: Would like to have access to flexible working arrangements
Q64. What sort of flexible arrangements did you access/would have liked to access?

Reasons for not accessing/ unable to access…

Base: Would like to have access to flexible working arrangements
Q63C. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting?

4.9 Patient safety

Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?



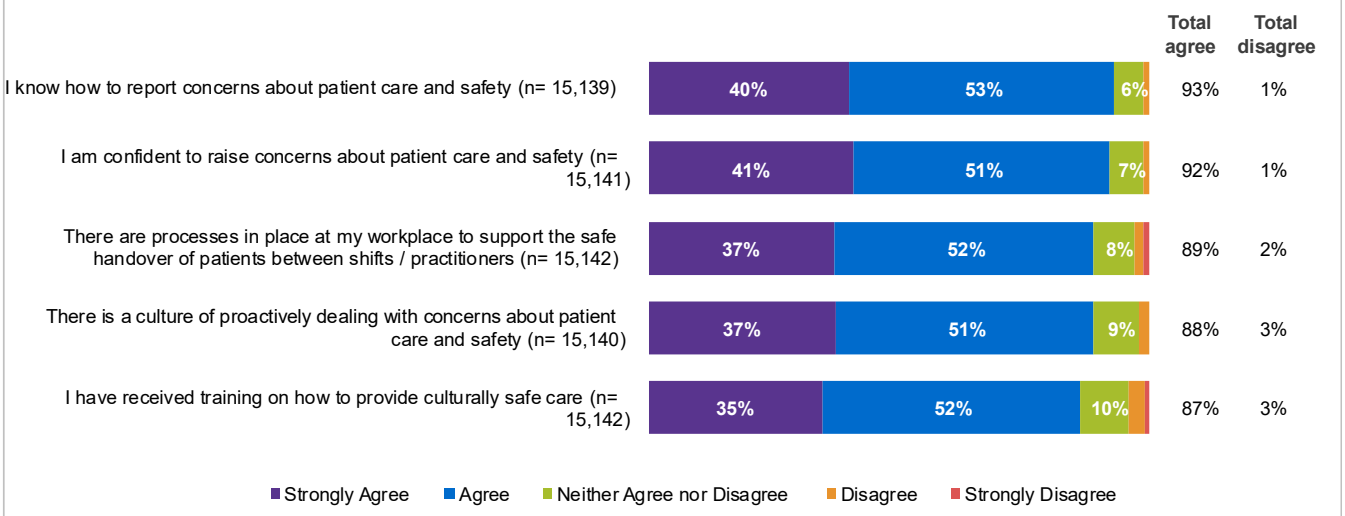
Base: Received training on how to raise concerns about patient safety
Note: Labels 3% and below removed from chart

I did not receive training on how to raise concerns about patient safety

National response: 2%

Base: Total Sample

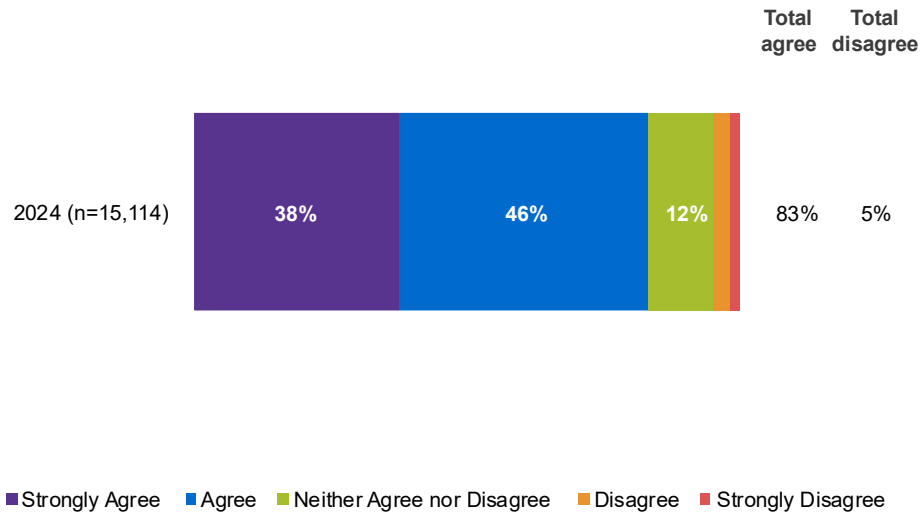
Q49. Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements?



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart

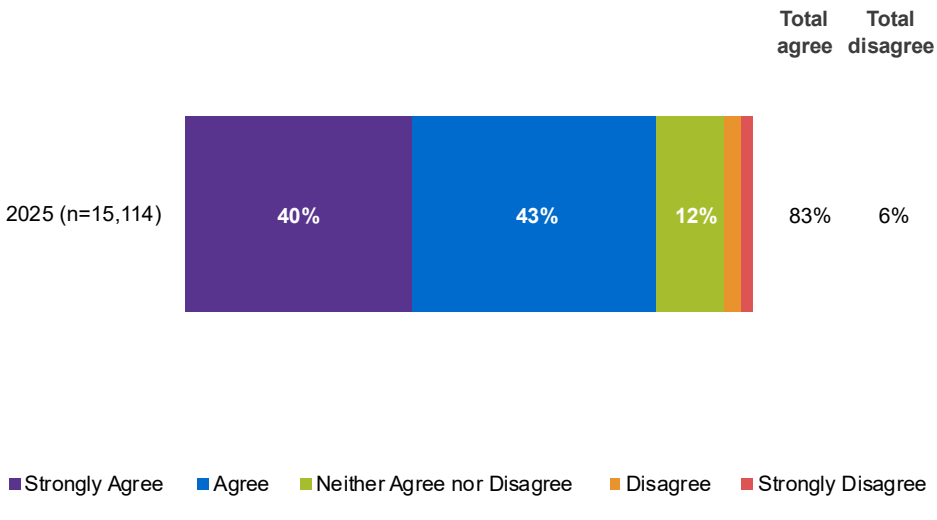
4.10 Overall satisfaction

Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements? I would recommend my current training position to other doctors



Base: National response
Note: Labels 3% and below removed from chart

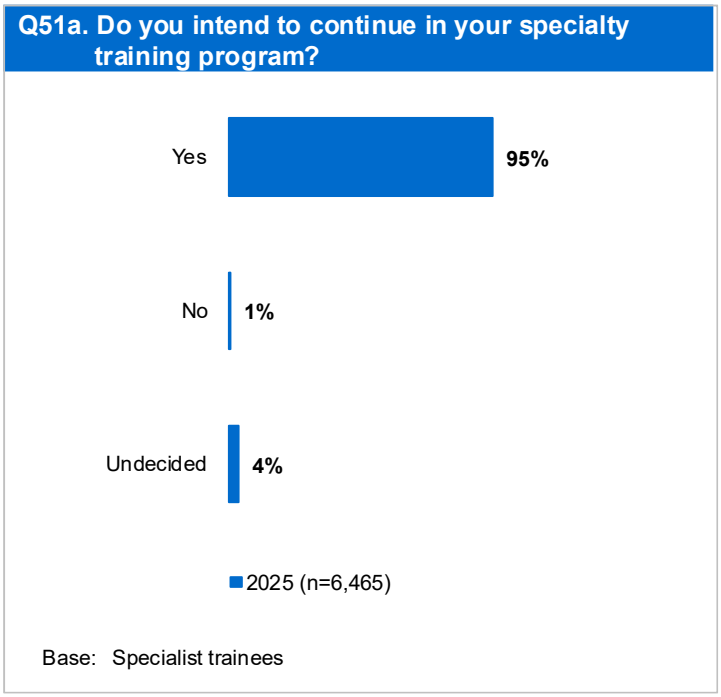
Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements? I would recommend my current workplace as a place to train



Base: National response
Note: Labels 3% and below removed from chart

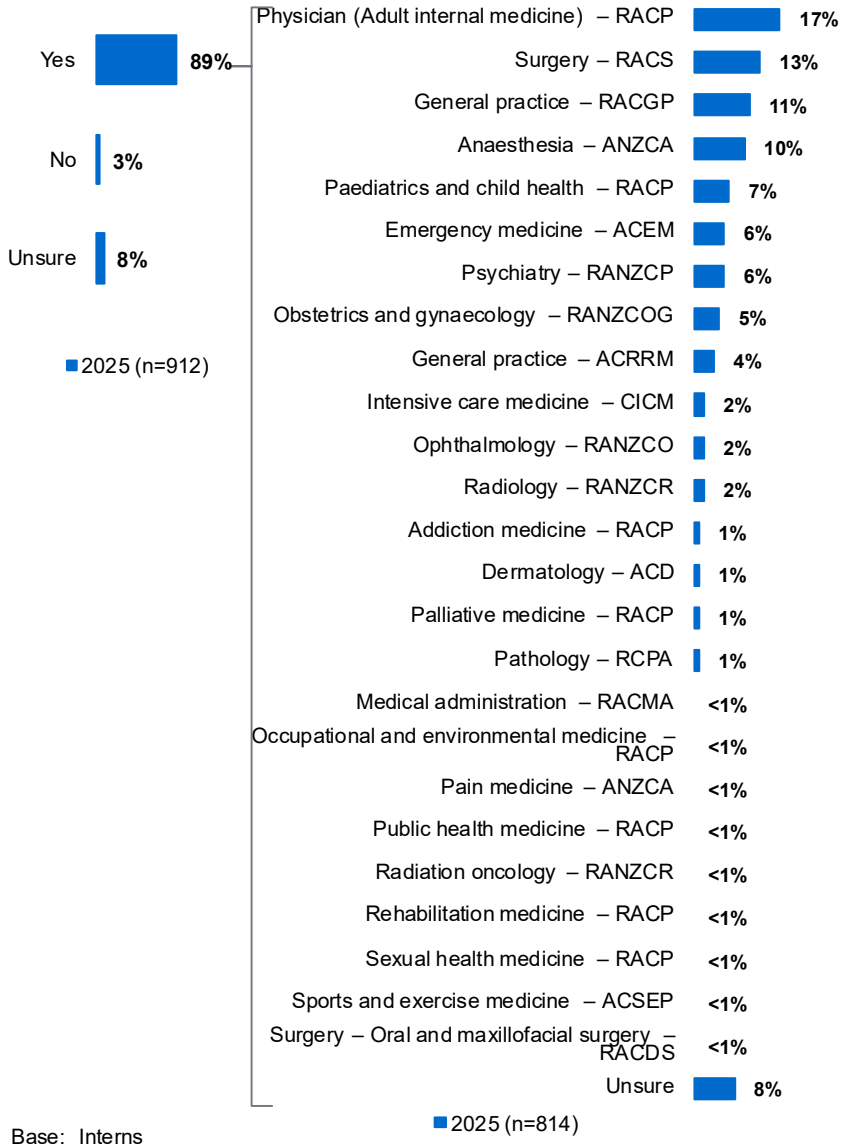
4.11 Future career intentions

Specialist trainees



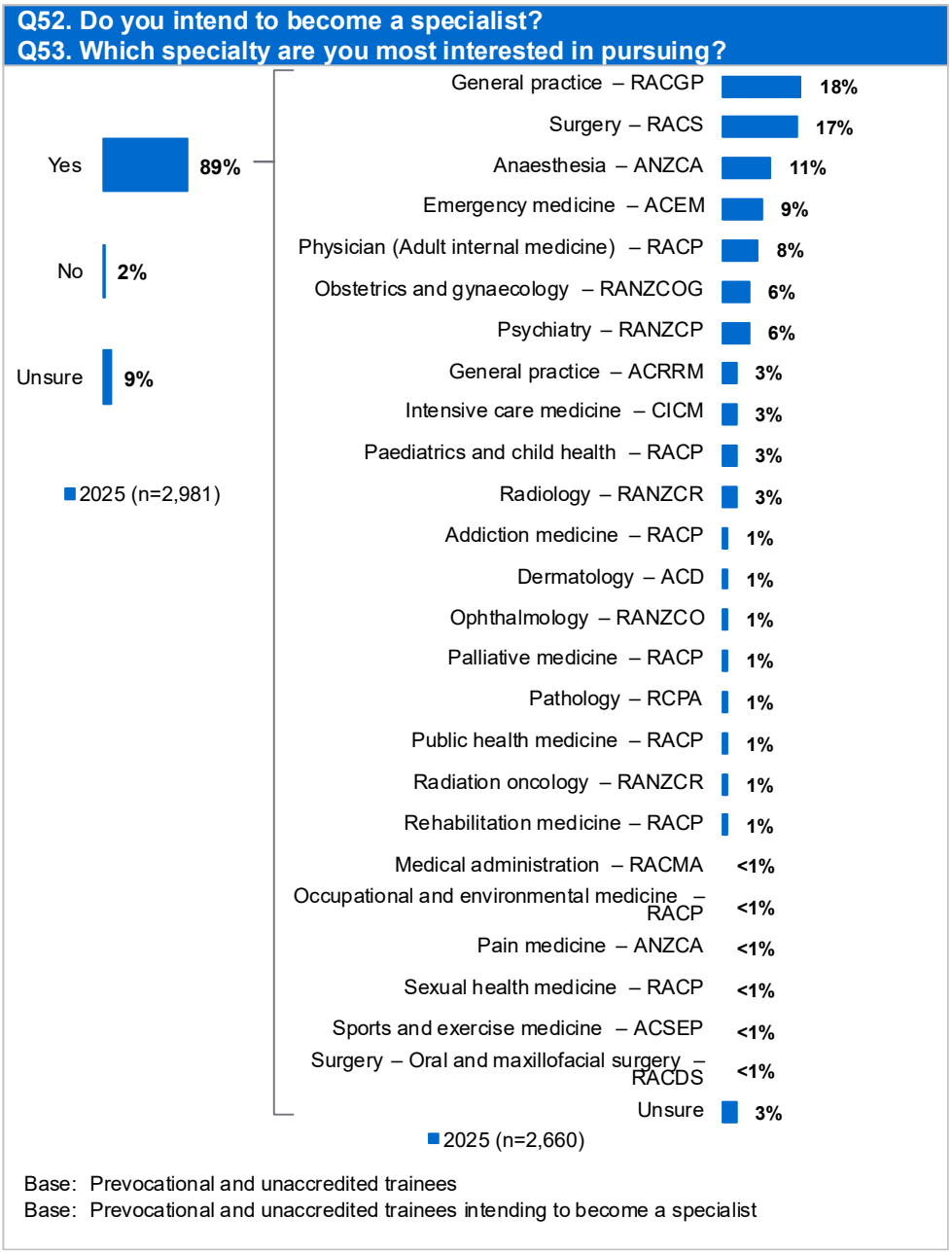
4.11.1 Interns – interest in a specialty

Q52. Do you intend to become a specialist?
Q53. Which specialty are you most interested in pursuing?



Base: Interns
Base: Interns intending to become a specialist

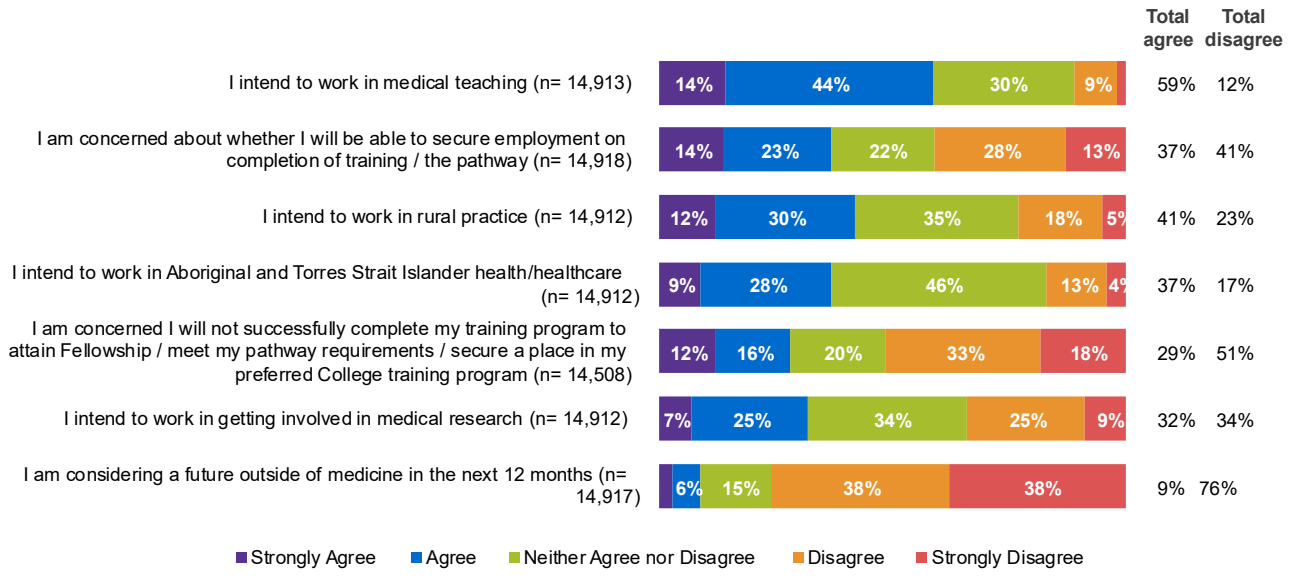
4.11.2 Prevocational and unaccredited trainees – interested in a specialty



Base: Prevocational and unaccredited trainees
Base: Prevocational and unaccredited trainees intending to become a specialist

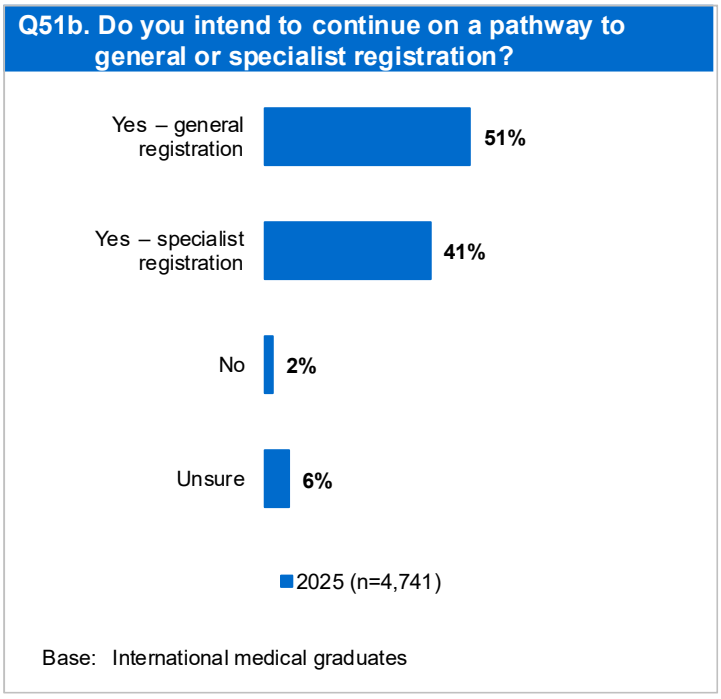
4.11.3 Future career intentions

Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?



Base: National response. Base size varies according to question | Note: Labels 3% and below removed from chart

4.11.4 IMGs – intention to continue on a pathway



Appendix A.
Detailed methodology

A1 Detailed participant profile

2025 - survey responses included for analysis						
	TOTAL*	Interns	Prevocat-ional and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs
2025 - TOTAL	**17,622**	**1,128**	**3,598**	**4,888**	**2,506**	**5,922**
State /Territory						
ACT	387	24	86	117	19	141
NSW	4,489	237	901	1,341	739	1,271
NT	318	20	67	55	56	120
QLD	3,775	302	726	1,014	558	1,175
SA	1,305	97	257	391	170	390
Tas.	607	35	93	135	119	225
Vic.	4,418	282	968	1,330	581	1,257
WA	2,188	126	500	505	264	793
Location						
Metropolitan area	10,462	706	2,504	3,712	762	2,778
Regional area	5,304	369	898	1,000	1,002	2,035
Rural area	1,295	21	82	53	701	438
Do not wish to specify	147	1	29	31	38	48

*Note: n=110 unknown trainee type partial responses not shown.

A2 Survey length

The Medical Training Survey (MTS) was designed to take 15 minutes or less to complete. The survey could be completed across multiple sessions and be re-accessed through a unique survey link at a later stage.

On average, the time taken to complete the survey varied according to the number of questions answered and the number of sessions in which the survey was attempted. The table below shows the median time taken for the different survey versions and various levels of completion.

Completion by cohort						
	Total	Interns	Prevocational and unaccredited trainees	Specialist non-GP trainees	Specialist GP trainees	IMGs
Completed* surveys						
Total completes	15,489	927	3,039	4,316	2,320	4,887
Average number of sessions per complete#	1.4	1.4	1.2	1.1	1.3	1.8
Average time taken per complete#	13.7	12.6	11.2	12.5	15.0	16.2
Partial* surveys						
Total partials	2,133	201	559	572	186	505
Average number of sessions per partial#	1.3	1.3	1.1	1.1	1.2	1.9
Average time taken per partial#	3.7	4.1	3.5	4.0	4.9	4.2

* See definitions for complete and partial from the previous table. Note: n=110 unknown trainee type partial responses not shown.

To control the impact of outliers, the average computed after deleting the lowest 5% and highest 5% values.

A3 Cognitive testing

The new survey questions were tested with the intended audience to check understanding of the content areas and the ease with which the new questions could be completed. In total, n=6 cognitive tests were conducted in 2025.

The cognitive tests aimed to:

- confirm survey content areas with respondents, specifically around new questions on workplace settings, sexual harassment, flexible working arrangements and interns' experiences
- flag any content areas not understood by respondents
- check what participants understood by any terms which could be interpreted ambiguously
- understand the ease with which the new questions could be completed
- check if there would be any new barriers that would prevent the survey from being completed.

Doctors in training completed new questions added to the survey via a screen-shared video of the questionnaire under the observation of a moderator and were asked to note any areas of the survey requiring additional clarity. After the survey was completed, the moderator explored and identified potential issues including when the survey needed to be clearer, when trainees paused for thought, potential ambiguity and preferences for methods to complete the survey (including any barriers to complete).

Overall, respondents were positive towards the suggested changes and additions. After the cognitive testing, minor amendments to the survey were adopted by the Steering Committee and Consultative Forum. These were tested internally and by Ahpra before a pilot launch of the survey was conducted.

A4 Completion rate

There was a total of n=17,622 responses to the 2025 MTS that were eligible for analysis. This figure represents 35.9% of the total number of doctors in training invited to complete the survey (n=49,742), minus any terminated from those invited (n=654) due to the respondent being out of scope.

The number of responses eligible for analysis is made up of doctors in training who completed the survey (passed the 75% point of their respective survey version) or partially completed the survey (answered at least one question but did not complete it). Overall, 88% of responses (n=15,489) eligible for analysis are completed surveys, with the remaining proportion considered as partials.

A4.1 Partials

The proportion of partially completed surveys comprises 12% of the responses eligible for analysis. The point at which the doctor in training stopped the survey is defined as the 'last question with a response', although as not all questions were compulsory, they may have skipped some questions and answered others later in the survey.

A4.2 Missing data

In addition to partially completed surveys, a small proportion of data are missing from the dataset due to respondents skipping non-compulsory questions or selecting 'not applicable'.

There were five compulsory questions in the MTS if they applied to the respondent. These questions determined whether the doctor in training was in scope for the purpose of the survey and if so, identified

their cohort when this could not be determined by their answer to the previous question. The five compulsory questions were:

- Q2. Are you employed:
- Q3. Are you in a college training program?
- Q4. In which state or territory is your current term/rotation/placement based?
- Q8. Do you intend to undertake further postgraduate training in medicine? (only for those who selected 'Career medical officer' to Q7 What is your role in the setting?)
- Q14. Which specialist training program(s) are you doing?

For all other questions, doctors in training were able to skip the question if they wished. To prevent questions from being skipped by accident, a reminder appeared if the respondent tried to navigate to the next page without answering the question. Overall, very few questions were deliberately skipped by respondents when compared across all data collected across all respondents and questions.

A small number of questions also had 'not applicable' or 'does not apply' response options. These options were made available as the specific question(s) may not apply to all doctor in training participants but could not be automatically skipped due to the use of a filter. Questions that have a 'not applicable' or 'does not apply' option are:

- Q5c. (If current term/placement/rotation is primarily in a hospital) Select any additional settings you work in. / (If current term/placement/rotation is not primarily in a hospital) Which settings do you work in?
- Q9b. If applicable, which subspecialty area are you practising in?
- Q16b. Which training program are you in?
- Q22. Thinking about how the <College> communicates with you about your training program, to what extent do you agree or disagree with the following statements?
- Q24. Thinking about all your <College> exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?
- Q30. In your setting, how would you rate the quality of your overall clinical supervision for…
- 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…
- Q35. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your…?
- Q40. How would you rate the quality of the following in your setting?
- Q47. For any unrostered overtime you have completed in your current rotation, how often did...?

A5 Development of the survey tool

The MTS was developed in two phases: first the content and later fine-tuning through cognitive testing.

A5.1 Survey content development

To develop the MTS, the Board and Ahpra established two working groups: a Steering Committee, to manage the hands-on work to develop and deliver the survey, and a Consultative Forum, to strengthen the survey with input from doctors in training and other experts. Both groups contributed to the design and development of the MTS. This included revising and updating the questions asked in the survey from year to year. The Steering Committee and Consultative Forum include a representatives of medical organisations, such as doctors in training, specialist colleges, employers and jurisdictions, the Australian Medical Council (AMC), Australian Indigenous Doctors' Association (AIDA) the Australian Medical Association (AMA), postgraduate medical councils, Medical Council of NSW, Doctors' Health Services and the Australian Private Hospitals' Association (APHA). More information about the composition of the working groups is available at MedicalTrainingSurvey.gov.au, in Appendix C and Appendix D.

A series of guiding principles, developed by the Steering Committee and Consultative Forum, shaped the design of the survey, including that it would be:

- a quality improvement tool
- safe and confidential for trainees to complete
- focused on medical training and encourage reflection
- accessible across platforms and easy to use

Five versions of the survey were developed, with a core set of questions common to each version. The five versions of the survey are relevant to different groups of doctors in training: interns, prevocational and unaccredited trainees, specialist non-GP trainees, specialist GP trainees and IMGs.

EY Sweeney programmed the survey, finalised by the Board and Ahpra, so it could be delivered online. Key design features included:

- filtering questions and response options based on answers to earlier questions, so only applicable questions were shown
- use of alternate wording to survey questions or options to use familiar language for different groups of trainees
- provision of response options such as 'do not wish to specify' or 'prefer not to say' in case participants felt uncomfortable providing responses
- non-compulsory questions, allowing doctors in training to skip questions
- use of tool-tips, either through hover or click, for terms requiring additional clarification
- maintaining the order of response lists, which were designed to be presented logically, and
- when trainees were enrolled in two colleges, the order of the college questions was randomised so each college had an equal chance of being presented first.

A5.2 Survey content revision

Between the 2024 and 2025 fieldwork periods, a review of survey questions took place to accommodate the current training environment. As a result of this review, the following questions were amended, added or deleted:

Amendments

All doctors in training

- Intro. Introduction text
    - Intro text and PDF with information on participation have been revised.
- Q4. In which state or territory is your current term/rotation/placement primarily based?
    - Question text amended to "In which state or territory is your current term/rotation/placement primarily based?". Survey instruction relating to current setting also removed.
- Q5a. Is your current term/rotation/placement/position predominantly in a hospital?
    - Survey instruction relating to current setting removed.
- Q5b. Which hospital do you work at?
    - Survey instruction relating to current setting removed.
- Q9a. Which area are you currently practising in?
    - Survey instruction relating to current setting removed.
- Orientation section intro text
    - Intro text updated to remove the following text: "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."
- Q30. In your setting, how would you rate the quality of your overall clinical supervision for?
    - Answer scale changed from five star scale to Likert.
    - Question text updated to remove the following text: "with 5 stars indicating 'very good' and 1 star indicating 'very poor'."
- Q35. In your setting, do you have sufficient opportunities to develop your…?
    - Option 10 "Prescribing" added
    - Option 11 "Recognition and care of the acutely unwell patient"
- Q42a. Thinking about your workplace, in the past 12 months, have you…
    - Brackets removed from description of Sexual Harassment
- Q42xi. What prevented you from reporting?
    - Option 5 amended to "Nothing would be done if I did report it"
- Q47. For any unrostered overtime you have completed in the past, how often did...?
    - Option 4 "You claim for the unrostered overtime" added
- Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

- Options 1-4 changed from "I have an interest in…" to "I intend to work in…"
- Option 7 changed to include "… in the next 12 months"

- Q63c. Why have you chosen not to access, or been unable to access, flexible working arrangements in your setting?:
  - Option 6 removed: “I am currently employed on a short-term contract or have other employment terms, which do not allow for flexible working arrangements”
  - Option 10 added: "My employment terms do not allow for flexible working arrangements"

These changes will be treated as new subquestions, and not compared with previous phases of the research.

International Medical Graduates, Prevocational Trainees, Specialist Non-GP Trainees and Specialist GP trainees

- Q7. What is your current role in the setting?
  - Question text updated to "What is your current role in the setting".

International Medical Graduates

- Q11a. Which pathway are you in?
  - Question text updated to "Which pathway are you currently in?"

Interns

- Q11d. Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?
  - Question text updated to "Overall, I felt my medical school education..."

Specialist Non-GP Trainees and Specialist GP trainees

- Q14a. You indicated that you have trained in the following specialist training program(s) at RACP. For each, please indicate if you are participating in the Basic or Advanced training program.
  - Code 2 amended to "Adult internal medicine" - this has been treated as a new code.

Specialist GP trainees

- Q16b. Which training program are you in?
  - Code 3 "RACGP Practice Experience Pathway – Specialist Program" removed.

Interns and Prevocational trainees

- Q53. Which specialty are you most interested in pursuing?
  - Minor text changes to 16 codes.

- “Please select one response only” instruction removed from the following questions:
  - Q1. What is your postgraduate year?
  - Q2. Are you employed:
  - Q6. Is your current setting in a…?
  - Q7. What is your current role in the setting?
  - Q9b. Which hospital do you work at?
  - Q10. How many years have you held registration in Australia?
  - Q11a. Which pathway are you in?

- Q11c. Which medical school did you graduate from?
- Q11d. Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?
- Q13. To what extent do you agree or disagree with the following statements?
- Q15. How many years have you been in the college training program?
- Q16b. Which training program are you in?
- Q18b. Thinking about your [Regional Training Organisation] training program, to what extent do you agree or disagree with each of the following statements?
- Q19b. To what extent do you agree or disagree with the following statements?
- Q20b. To what extent do you agree or disagree with the following statements?
- Q21. Thinking about your [College] training program, to what extent do you agree or disagree with each of the following statements?
- Q21a. Thinking about your [INSERT COLLEGE FROM Q14] {Q15} training program, to what extent do you agree or disagree with each of the following statements?
- Q22. Thinking about how [College] communicates with you about your training program, to what extent do you agree or disagree with the following statements?
- Q23a. In the last 12 months, have you sat one or more exams from…?
- Q23b. Have you received the results of your most recent exam from…?
- Q23c. Did you pass the exam for…?
- Q24. Thinking about all your [College] exam(s) not just the most recent, to what extent do you agree or disagree with the following statements?
- Q25. Thinking about how [College] engages with you, to what extent do you agree or disagree with the following statements?
- Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation…
- Q27b. How would you rate the quality of your orientation?
- Q29. To what extent do you agree or disagree with the following statements?
- Q30. In your setting, how would you rate the quality of your overall clinical supervision for?
- Q31. For your setting, how would you rate the quality of your clinical supervision?
- Q33. Thinking about the development of your clinical and practical skills, to what extent do you agree or disagree with the following statements??
- Q34. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?
- Q36. Which of the following statements best describe the interaction between your training requirements and the responsibilities of your job?
- Q37. Which of the following educational opportunities are available to you in your current setting?
- Q39. Overall, how would you rate the quality of the teaching sessions?
- Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?
- Q49. Thinking about patient care and safety in your setting, to what extent do you agree or disagree with the following statements?

- Q50. Thinking about your setting, to what extent do you agree or disagree with the following statements?
- Q51b. Do you intend to continue on a pathway to general or specialist registration?
- Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?
- Q55. Do you identify as...?
- Q56. What is your age?
- Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?
- Q60. Do you identify as a person with a disability?
- Q58a. Did you complete your primary medical degree in Australia or New Zealand?

New questions

Specialist Non-GP Trainees and Specialist GP trainees

- Q14b. You indicated that you have trained in the following specialist training program(s) at RANZCR. For each, please indicate which phase of training you are in.
- Q14c. You indicated that you have trained in the following specialist training program(s) at ANZCA. What stage of training are you in?
- Q14d. You indicated that you have trained in the following specialist training program(s) at ACEM. What stage of training are you in?
- Q14e. You indicated that you have trained in the following specialist training program(s) at RANZCOG. What type of trainee are you?
- Q14f. You indicated that you have trained in the following specialist training program(s) at RANZCP. What stage of training are you in?
- Q14g. You indicated that you have trained in the following specialist training program(s) at RACS. What year are you in surgical training?
- Q14h. You indicated that you have trained in the following specialist training program(s) at RANZCO. What stage of training are you?
- Q14i. You indicated that you have trained in the following specialist training program(s) at ACD. What year of training are you in?
- Q14j. You indicated that you have trained in the following specialist training program(s) at RACDS. What level of training are you in?
- Q14k. You indicated that you have trained in the following specialist training program(s) at RACMA. What phase of training are you in?
- Q14l. You indicated that you have trained in the following specialist training program(s) at ACRRM. What training stage are you in? (select all that apply)
- Q14m. You indicated that you have trained in the following specialist training program(s) at RACGP. Are you in your first term (first 6 months) of training?
- Q14n. You indicated that you have trained in the following specialist training program(s) at CICM. What phase of training are you in?

A6 Data collection processes

The Medical Training Survey (MTS) collected data through responses to an online survey. We received responses from n=18,276 doctors in training, with n=17,622 responses eligible for analysis (i.e. currently training in Australia) between 25 July to the 8 October 2025.

In total, 49,742 doctors in training were invited to participate in the survey. The response rate for the survey was 36.7%, which is the number of online survey responses divided by the number of survey invitations.

A6.1 Survey fieldwork

There were two methods used to invite doctors in training to participate in the MTS. The Board sent interns and IMGs an email invitation with a unique survey link to the relevant version of the survey.

Other groups of doctors in training – prevocational, unaccredited and specialist trainees - were provided with a unique survey link at the end of the medical registration renewal process. Trainee answers to key survey questions determined which version of the survey they received.

A6.2 Survey pilot

Data collection for the 2025 MTS began with a survey pilot. On 25 July 2025, a subset of interns and IMGs were sent an email invitation to participate. Pilot data was reviewed to identify any technical issues, including unexpected dropouts. The helpdesk was closely monitored in the event that respondents had unforeseen issues.

A6.3 Full launch

The full launch of the 2025 MTS aligned with the opening of the medical registration process on 4 August 2025. Doctors answering 'Yes' to the question 'Are you a doctor in training?' were invited to participate in the survey. The remaining interns and IMGs (i.e. those not in the pilot subset), received an email invitation from the Board to complete the survey.

A6.4 Reminders

To ensure doctors in training had every chance of participating and to maximise the response rate, promotional activities and reminders to complete the survey were issued throughout the survey period. These included:

- personalised email, sent by Ahpra on behalf of the Board, to doctors in training who had not completed the survey, and
- survey promotion activities such as newsletter articles, social media videos, emails directly from key stakeholders and word of mouth.

A6.5 Survey eligibility

To be eligible to participate in the survey, respondents had to be:

- a doctor in training including an intern, hospital medical officer, resident medical officer, non-accredited trainee, postgraduate trainee, principal house officer, registrar, specialist trainee, IMG (with provisional or limited registration) or career medical officer with an intention to undertake further postgraduate training in medicine, and
- employed full time, part-time or casually for most of their current rotation, and
- undertaking their current term/rotation/placement in Australia.

In total, n=654 participants were terminated from the survey because they did not meet each of the criteria above, or if they contacted the survey administrators to indicate they were not a doctor in training. Of those who had started the survey, n=5 participants later indicated they were not doctors in training.

Out of scope surveys														
	2025		2024		2023		2022		2021		2020		2019	
	n=	%	n=	%	n=	%	n=	%	n=	%	n=	%	n=	%
Total terminated after commencing survey	654	100%	975	100%	961	100%	948	100%	933	100%	936	100%	539	100%
Terminated reason														
On extended leave for current rotation	405	62%	587	60%	544	57%	565	60%	588	63%	565	60%	335	62%
Outside Australia for current rotation	212	32%	366	38%	348	36%	290	31%	285	31%	309	33%	174	32%
Career medical officers with no intention of undertaking further postgraduate training in medicine	32	5%	65	7%	48	5%	53	6%	49	5%	55	6%	25	5%
Not a doctor in training (including IMGs who have general registration)	5	1%	22	2%	21	2%	40	4%	11	1%	7	1%	5	2%

A6.6 Final sample

The final sample available for analysis for 2025 is shown below, with a comparison with 2019, 2020, 2021, 2022, 2023 and 2024.

Sample structure										
	2025				2024	2023	2022	2021	2020	2019
	No of completes[#]	No of partials[^]	Total included in analysis	Maximum margins of error[*] +/-	Total included in analysis	Total included in analysis	Total included in analysis	Total included in analysis	Total included in analysis	Total included in analysis
TOTAL	**15,489**	**2,133**	**17,622**	**0.6**	**23,859**	**22,337**	**22,135**	**20,671**	**20,915**	**9,378**
Interns	927	201	1,128	2.5	1,596	1,321	1,053	1,191	1,360	786
Prevocational and unaccredited trainees	3,039	559	3,598	1.5	5,869	5,825	5,799	5,448	5,158	1,953
Specialist non-GP trainees	4,316	572	4,888	1.3	7,922	8,423	9,251	8,846	9,020	3,510
Specialist GP trainees	3,329	186	2,506	1.9	3,289	3,299	3,470	3,128	3,132	1,390
IMGs	4,887	505	5,392	0.8	4,910	3,247	2,302	1,926	2,126	1,700
Unknown trainee type[~]	N/A	110	110	N/A	273	222	260	132	119	39

**Maximum margins of error shown are based on research findings of 50% at the 95% Confidence Interval. This has been calculated using the number of completes as the base, rather than the total included in analysis.*

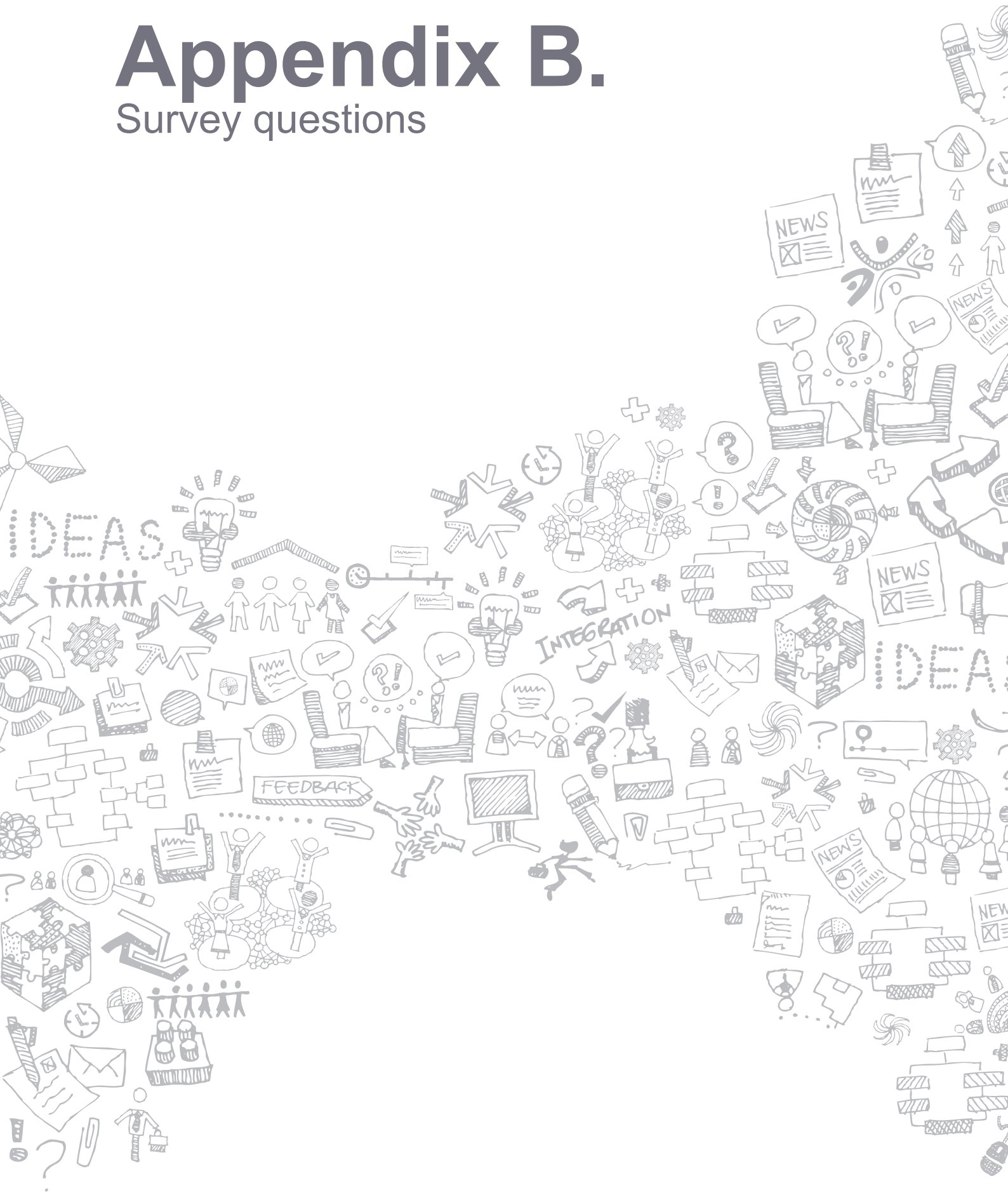
The margin of error indicates the error margin that surrounds results from the sample. For example, if the margin of error is 3.0%, and 50% of doctors in training 'strongly agree' or 'agree' to the statement 'I would recommend my current training position to other doctors', if this survey was repeated, on 19 out of 20 occasions the result would fall between 47.0% and 53.0%.

[#]A completed survey is defined as answering a question on or after the 75% completion mark for the doctor in training's respective survey version:

[^] Completed at least one question of the survey but did not progress past the 75% mark to be considered complete.

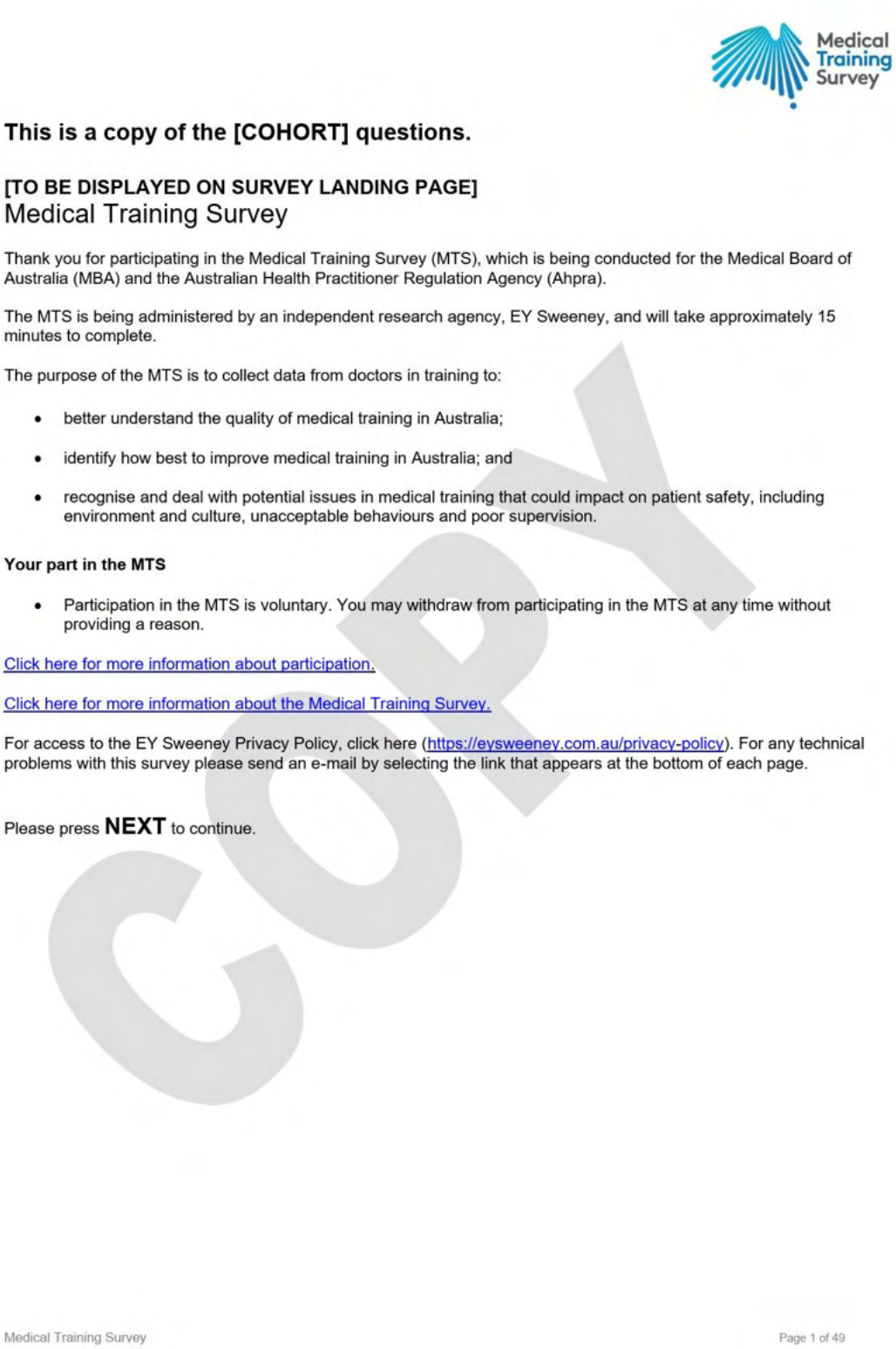
[~] These trainees have not answered the question 'Are you in a college program' to determine the type of trainee they are for the purposes of the survey.

Appendix B.
Survey questions



B1 Survey questions

There are five versions of the Medical Training Survey (MTS), each tailored to a different group of doctors in training. Most questions are common across the survey versions. A consolidated copy of the survey questions are below. To view copies of the survey questions filtered to each group of doctors, please visit https://medicaltrainingsurvey.gov.au/Resources/Survey-questions.



This is a copy of the [COHORT] questions.

[TO BE DISPLAYED ON SURVEY LANDING PAGE]

Medical Training Survey

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

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

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.

Your part in the MTS

- Participation in the MTS is voluntary. You may withdraw from participating in the MTS at any time without providing a reason.

Click here for more information about participation.

Click here for more information about the Medical Training Survey.

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

Please press **NEXT** to continue.

COPY

Medical Training Survey Page 1 of 49

[PDF – INFORMATION ON PARTICIPATION]

Medical Training Survey

How to complete the survey

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

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

[INTERNS/ INTERNATIONAL MEDICAL GRADUATES ONLY] Participants may close the survey down and re-enter at the point of departure. To do so, use the link in the email invitation.

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

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

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

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.

Your part in the MTS

- Participation in the MTS is voluntary. You may withdraw from participating in the MTS at any time without providing a reason.
- The extent to which the Medical Board of Australia (**MBA**) jurisdictions, Specialist Medical Colleges, Postgraduate Medical Education Councils, employers, policy and advocacy bodies (e.g. Australian Medical Association) and other key stakeholders can strengthen medical training in Australia depends on well considered feedback. The MBA welcomes this feedback, as there are always opportunities to improve medical training in Australia.
- When completing the MTS, we ask that you do not provide responses with personal information or information that may reasonably identify you or any other individual.
- The MBA and Ahpra acknowledge that participation in the MTS and reflections on medical training might cause discomfort or even distress. For this reason, you may skip questions at any time and proceed to the next question.

Privacy information

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

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

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

COPY

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

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

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

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

Use and sharing of MTS data

The MBA and Ahpra may use the MTS data to:

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

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

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

Data Management

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

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

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

Contact

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

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

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

If a participant prefers to direct a complaint to another body, the participant may contact the membership body for market and social research, The Research Society, on 1300 364 832 or the participant can visit https://researchsociety.com.au/

READER NOTE: Respondents do not see codes (numbers) in the questions nor the headings in black boxes. Text in square brackets, or prefaced by PROGRAMMER NOTE are instructions to program.

GENERIC SURVEY ENTRY FOR [INS] AND [IMG].
STATUS SWITCHED FROM [SNT] WITHIN SURVEY.
CREATE HIDDEN VARIABLE FOR COHORT

S0. PROGRAMMER NOTE: AUDIENCES FOR THIS SURVEY ARE SPLIT INTO 5 COHORTS:	[INS] Interns O 01 [IMG] International Medical Graduates O 02 [PVT] Prevocational Trainees O 03 [SNT] Specialist Non-GP Trainees (Default entry for specialists) O 04 [SGPT] Specialist GP trainees (assigned based on Q14) O 05

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DEMOGRAPHICS

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

[IMG, PVT, INS, SNT/SGPT] Q1. What is your postgraduate year? {Q1}	PGY1 O 01 PGY2 O 02 PGY3 O 03 PGY4 O 04 PGY5 O 05 PGY6 O 06 PGY7 O 07 PGY8 O 08 PGY9 O 09 PGY≥10 O 10

[IMG, PVT, INS, SNT/SGPT] Q2. Are you employed: {Q61}	Full time O 1 Part time O 2 Casually O 3 On leave for most of your current rotation **TERMINATE 1** O 99

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

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

[PVT, SNT/SGPT] Q3. Are you in a college training program? {Q3}	Yes **[ASSIGN SNT]** O 1 No **[ASSIGN PVT]** O 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.

[IMG, PVT, INS, SNT/SGPT] Q4. In which state or territory is your current term/rotation/placement primarily based? **Please select one response only.** {Q2}	ACT O 01 NSW O 02 NT O 03 QLD O 04 SA O 05 Tas. O 06 Vic. O 07 WA O 08 Outside Australia **TERMINATE 2** O 09

TERMINATE 2:
Thank you for your interest in completing the Medical Training Survey. At this stage we are only after responses from doctors who are in Australia for their current placement – we look forward to receiving your feedback on medical training in future years.

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

[IMG, PVT, INS, SNT/SGPT] Q5a. **SHOW IF PVT, INS, SNT/SGPT** Is your current term/rotation/placement predominantly in a hospital? **SHOW IF IMG** Is your current position in a hospital? {Q8a}	Yes O 1 No O 2

[IMG, PVT, INS, SNT/SGPT] **ASK IF Q5a=1** {Q8a=1} Q5b. Which hospital do you work at? If you work at more than one hospital, select where you spend most time. **Please type in and select.** {Q8b}	**PIPE RESPONSES BY FROM STATE LIST Q4**{Q2} O 01 O 02 O 03 O 04 O 05 O 06 Other O 97 Do not wish to specify O 98

[IMG, PVT, INS, SNT/SGPT] **ASK IF Q5a=1** {Q8a} Q5c. Select any additional settings you work in. This question refers to your additional clinical settings/workplace, 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 Medical laboratory ☐ 06 Private practice (exc general practice) ☐ 07 Research/university ☐ 08 Other ☐ 97 Not applicable ○ 98
[IMG, PVT, INS, SNT/SGPT] **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…? **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
[IMG, PVT, SNT/SGPT] Q7. What is your current role in the 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. {Q4}	**SHOW IF IMG** Intern ○ 1 Resident Medical Officer / Hospital Medical Officer ○ 2 Principal House Officer ○ 4 Career Medical Officer ○ 6 Registrar ○ 7 **SHOW IF IMG** Specialist ○ 8 Unaccredited Registrar ○ 9 Other ○ 97
[IMG, PVT] **ASK IF Q7=6** {Q4=6} Q8. Do you intend to undertake further postgraduate training in medicine? {Q5}	Yes ○ 1 No ○ 2

TERMINATE PVT IF Q5=2 {Q8=2}

TERMINATE 3:
Thank you for your interest in completing the Medical Training Survey. This survey has been designed for doctors in training, as a Career Medical Officer with no intention to undertake further postgraduate training in medicine the remaining questions in this survey are unlikely to be appropriate for you. We thank you for your time in completing the survey up to this point.

If you would like to contact us regarding this please email medicaltrainingsurvey@au.ey.com.

Should you need to contact the MBA and Ahpra please email MTS@ahpra.gov.au.

[IMG, PVT, INS, SNT/SGPT] Q9a. Which area are you currently practising in? **Please select one response only.** {Q7}	Addiction medicine O 01 Anaesthesia O 02 Dermatology O 03 Emergency medicine O 04 General practice O 05 Intensive care medicine O 06 Medical administration O 07 Obstetrics and gynaecology O 08 Occupational and environmental medicine O 09 Ophthalmology O 10 Paediatrics and child health (inc. specialties) O 11 Pain medicine O 12 Palliative medicine O 13 Pathology O 14 Physician Adult medicine (inc. specialties) O 15 Psychiatry O 16 Public health medicine O 17 Radiation oncology O 18 Radiology O 19 Rehabilitation medicine O 20 Sexual health medicine O 21 Sport and exercise medicine O 22 Surgery O 23 Other O 97

[IMG, PVT, INS, SNT/SGPT]
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?

{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 ○ 02
	Diagnostic ultrasound ○ 03
	Nuclear medicine ○ 04
	Not applicable ○ 98
	Prefer not to say ○ 99
	Surgery [23]
	General surgery ○ 50
	Orthopaedic surgery ○ 51
	Cardio-thoracic surgery ○ 52
	Neurosurgery ○ 53
	Otolaryngology – head and neck surgery ○ 54
	Oral and maxillofacial surgery ○ 55
	Paediatric surgery ○ 56
	Plastic surgery ○ 57
	Urology ○ 58
	Vascular surgery ○ 59
	Not applicable ○ 98
	Prefer not to say ○ 99

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TRAINING CURRICULUM

[IMG] Q10. How many years have you held registration in Australia? {Q9}	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 10 or more O 10
[IMG] Q11a. Which pathway are you currently in? {Q10a}	Specialist and competent authority pathway **Go to Q11b** {Q10b} O 01 Specialist pathway **Go to Q11b** {Q10b} O 02 Standard pathway (AMC exam) O 03 Standard pathway (Workplace based assessment) O 04 Competent authority pathway O 05 Shortterm training pathway O 06 Other O 97 Unsure O 99

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[IMG]
ASK IF Q11a=1 OR 2 {Q10a=1|2}

Q11b. Which college(s) did your specialist pathway assessment?

Please select all that apply, up to a maximum of two.

{Q10b}

- Australasian College for Emergency Medicine **(ACEM)** ☐ 01
- Australasian College of Dermatologists **(ACD)** ☐ 02
- Australasian College of Sport and Exercise Physicians **(ACSEP)** ☐ 03
- Australian and New Zealand College of Anaesthetists **(ANZCA)** ☐ 04
- Australian College of Rural and Remote Medicine **(ACRRM)** ☐ 05
- College of Intensive Care Medicine of Australia and New Zealand **(CICM)** ☐ 06
- Royal Australasian College of Dental Surgeons **(RACDS)** ☐ 07
- The Royal Australasian College of Medical Administrators **(RACMA)** ☐ 08
- Royal Australasian College of Physicians **(RACP)** ☐ 09
- Royal Australasian College of Surgeons **(RACS)** ☐ 10
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists **(RANZCOG)** ☐ 11
- Royal Australian and New Zealand College of Ophthalmologists **(RANZCO)** ☐ 12
- Royal Australian and New Zealand College of Psychiatrists **(RANZCP)** ☐ 13
- Royal Australian and New Zealand College of Radiologists **(RANZCR)** ☐ 14
- Royal Australian College of General Practitioners **(RACGP)** ☐ 15
- Royal College of Pathologists of Australasia **(RCPA)** ☐ 16
- Prefer not to say ☐ 97
- Unsure ○ 99

[INS]

Q11c Which medical school did you graduate from?

- Australian National University ○ 01
- Bond University ○ 02
- Charles Sturt University ○ 03
- Curtin University ○ 04
- Deakin University ○ 05
- Flinders University ○ 06
- Griffith University ○ 07
- James Cook University ○ 08
- Macquarie University ○ 09
- Monash University (Australia) ○ 27
- Monash University (Malaysia) ○ 28
- The University of Queensland ○ 11
- The University of Western Australia ○ 13
- University of Adelaide ○ 14

	University of Auckland O 15 University of Melbourne O 16 University of New South Wales O 17 University of Newcastle / University of New England O 19 University of Notre Dame Australia O 20 University of Otago O 21 University of Sydney O 22 University of Tasmania O 23 University of Wollongong O 24 Western Sydney University O 25 Outside of Australia and New Zealand O 26 Prefer not to say O 97

[INS]

Q11d Thinking about your internship experience so far, to what extent do you agree or disagree with the following statement?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Overall, I felt my medical school education was sufficient to prepare me to commence the role and responsibilities of an intern	O 5	O 4	O 3	O 2	O 1

[IMG, PVT, INS]

Q12. **SHOW IF INS**
Organisations that employ interns are required to provide them with a formal education program (e.g. grand rounds and weekly teaching sessions etc) in addition to work-based teaching and learning.
Do you know about your intern education program?

SHOW IF PVT
Do you have a professional development or training plan?

HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'
Developed by you and your supervisor/peer reviewer for your employer/MBA

Yes **Go to Q13** (Q12) O 1
No **Go to Q14** (Q13) O 2

SHOW IF IMG Do you have a professional development or training plan? **HOVERTEXT FOR 'PROFESSIONAL DEVELOPMENT/TRAINING PLAN'** Developed by you and your supervisor/peer reviewer for your employer/college/MBA {Q11}	

[IMG, PVT, INS]
ASK IF Q12=1 {Q11=1}

Q13. **SHOW IF INS**
Thinking about your **intern education program**, to what extent do you agree or disagree with the following statements?
SHOW IF IMG, PVT
Thinking about your **professional development or training plan**, to what extent do you agree or disagree with the following statements?

{Q12}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2.	There are opportunities for me to meet the requirements of my **SHOW IF INS** intern education program **SHOW IF IMG, PVT** plan in my current setting	○ 5	○ 4	○ 3	○ 2	○ 1
3.	I understand what I need to do to meet my **SHOW IF INS** intern education program **SHOW IF IMG, PVT** plan requirements	○ 5	○ 4	○ 3	○ 2	○ 1
4.	**SHOW IF IMG** My plan is preparing me to be a doctor/specialist in the Australian healthcare system	○ 5	○ 4	○ 3	○ 2	○ 1
5.	My **SHOW IF INS** intern education program **SHOW IF IMG, PVT** plan is preparing me for future medical practice	○ 5	○ 4	○ 3	○ 2	○ 1
6.	My **SHOW IF INS** intern education program **SHOW IF IMG, PVT** plan is advancing my knowledge	○ 5	○ 4	○ 3	○ 2	○ 1

[SNT/SGPT]

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)** **ASSIGN SGPT** ☐ 05
- General practice – The Royal Australian College of General Practitioners **(RACGP)** **ASSIGN SGPT** ☐ 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

[SNT/SGPT]

ASK IF AT LEAST EITHER OF THE BELOW RACP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 21 AND CODE 22]. ONLY SHOW CODE 21 OR CODE 22 AT Q14A IF THEY WERE SELECTED AT Q14.

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

Please select one response per row.

		Basic	Advanced
1.	Paediatrics and child health – Royal Australasian College of Physicians **(RACP)**	O 1	O 2
2.	Adult internal medicine – Royal Australasian College of Physicians **(RACP)**	O 1	O 2

[SNT/SGPT]

ASK IF AT LEAST EITHER OF THE BELOW RANZCR TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 14 AND CODE 16]. ONLY SHOW CODE 14 OR CODE 16 AT Q14B IF THEY WERE SELECTED AT Q14.

Q14b. You indicated that you have trained in the following specialist training program(s) at RANZCR. For each, please indicate which phase of training you are in.

Please select one response per row.

		Phase 1	Phase 2	Phase 3
1.	Radiation oncology – Royal Australian and New Zealand College of Radiologists **(RANZCR)**	O 1	O 2	N/A
2.	Radiology – Royal Australian and New Zealand College of Radiologists **(RANZCR)**	O 1	O 2	O 3

[SGPT, SNT]

ASK IF ANZCA TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 2 AND CODE 15]. ONLY SHOW CODE 2 AND CODE 15 AT Q14C IF THEY WERE SELECTED AT Q14.

Q14c. You indicated that you have trained in the following specialist training program(s) at ANZCA.

[INSERT TRAINING PROGRAMS SELECTED]

What stage of training are you in?

Introductory training (IT)	O 01
Basic training (BT)	O 02
Advanced training (AT)	O 03
Provisional Fellowship training (PFT)	O 04

Please select one response only.	

[SGPT, SNT] **ASK IF ACEM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 4]. ONLY SHOW CODE 4 AT Q14D IF THEY WERE SELECTED AT Q14.** Q14d. You indicated that you have trained in the following specialist training program(s) at ACEM. **[INSERT TRAINING PROGRAMS SELECTED]** What stage of training are you in? **Please select one response only.**	Training Stage 1 (TS1) O 01 Training Stage 2 (TS2) O 02 Training Stage 3 (TS3) O 03 Training Stage 4 (TS4) O 04

[SGPT, SNT] **ASK IF RANZCOG TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 11]. ONLY SHOW CODE 11 AT Q14E IF THEY WERE SELECTED AT Q14.** Q14e. You indicated that you have trained in the following specialist training program(s) at RANZCOG. **[INSERT TRAINING PROGRAMS SELECTED]** What type of trainee are you? **Please select one response only.**	Basic trainee O 01 Advanced trainee O 02

[SGPT, SNT] **ASK IF RANZCP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 19]. ONLY SHOW CODE 19 AT Q14F IF THEY WERE SELECTED AT Q14.** Q14f. You indicated that you have trained in the following specialist training program(s) at RANZCP. **[INSERT TRAINING PROGRAMS SELECTED]** What stage of training are you in? **Please select one response only.**	Stage 1 O 01 Stage 2 O 02 Stage 3 O 03

[SGPT, SNT] **ASK IF RACS TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 26]. ONLY SHOW CODE 26 AT Q14G IF THEY WERE SELECTED AT Q14.** Q14g. You indicated that you have trained in the following specialist training program(s) at RACS. **[INSERT TRAINING PROGRAMS SELECTED]** What year are you in surgical training? **Please select one response only.**	1 O 01 2 O 02 3 O 03 4 O 04 5 O 05 6+ O 06
[SGPT, SNT] **ASK IF RANZCO TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 13]. ONLY SHOW CODE 13 AT Q14H IF THEY WERE SELECTED AT Q14.** Q14h. You indicated that you have trained in the following specialist training program(s) at RANZCO. **[INSERT TRAINING PROGRAMS SELECTED]** What stage of training are you? **Please select one response only.**	Basic training O 01 Advanced training O 02 Final year training O 03
[SGPT, SNT] **ASK IF ACD TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 3]. ONLY SHOW CODE 3 AT Q14I IF THEY WERE SELECTED AT Q14.** Q14i. You indicated that you have trained in the following specialist training program(s) at ACD. **[INSERT TRAINING PROGRAMS SELECTED]** What year of training are you in? **Please select one response only.**	1st year O 01 2nd year O 02 3rd year O 03 4th year O 04
[SGPT, SNT] **ASK IF RACDS TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 27]. ONLY SHOW**	Foundation level O 01 Advanced level O 02

CODE 27 AT Q14J IF THEY WERE SELECTED AT Q14. Q14j. You indicated that you have trained in the following specialist training program(s) at RACDS. **[INSERT TRAINING PROGRAMS SELECTED]** What level of training are you in? **Please select one response only.**	

[SGPT, SNT] **ASK IF RACMA TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 10]. ONLY SHOW CODE 10 AT Q14K IF THEY WERE SELECTED AT Q14.** Q14k. You indicated that you have trained in the following specialist training program(s) at RACMA. **[INSERT TRAINING PROGRAMS SELECTED]** What phase of training are you in? **Please select one response only.**	Foundation O 01 Advanced O 02 Not applicable (pre-2025 candidate) O 03

[SGPT, SNT] **ASK IF ACRRM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 5]. ONLY SHOW CODE 5 AT Q14L IF THEY WERE SELECTED AT Q14.** Q14l. You indicated that you have trained in the following specialist training program(s) at ACRRM. **[INSERT TRAINING PROGRAMS SELECTED]** What training stage are you in? (select all that apply)	Core Generalist Training (CGT) O 01 Advanced Specialised Training (AST) O 02

[SGPT, SNT] **ASK IF RACGP TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 6]. ONLY SHOW CODE 6 AT Q14M IF THEY WERE SELECTED AT Q14.**	Yes O 01 No O 02

Q14m. You indicated that you have trained in the following specialist training program(s) at RACGP. **[INSERT TRAINING PROGRAMS SELECTED]** Are you in your first term (first 6 months) of training? **Please select one response only.**	

[SGPT, SNT] **ASK IF CICM TRAINING PROGRAMS ARE SELECTED AT Q14 [CODES 9]. ONLY SHOW CODE 4 AT Q14N IF THEY WERE SELECTED AT Q14.** Q14n. You indicated that you have trained in the following specialist training program(s) at CICM. **[INSERT TRAINING PROGRAMS SELECTED]** What phase of training are you in? **Please select one response only.**	Phase 1 O 01 Phase 2 O 02 Phase 3 O 03

[SGPT, SNT] **ASK FOR EACH COLLEGE IN Q14** {Q15X=1} Q15. How many years have you been in the **[INSERT COLLEGE SELECTED]** training program? {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

[SGPT] Q16b. Which training program are you in? {Q16b}	Australian General Practice Training (AGPT) ○ 1 The Remote Vocational Training Scheme (RVTS) ○ 2 ACRRM Independent Pathway (IP) ○ 4 ACRRM Rural Generalist Training Scheme ○ 5 RACGP Fellowship Support Program ○ 6 Unsure ○ 96 Not applicable ○ 97

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[SGPT]
ASK IF Q16b=2 {Q16b=2}

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

{Q19b}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The **RVTS** education program meets the College/s requirements	O 5	O 4	O 3	O 2	O 1
2.	The **RVTS** education program is preparing me as a specialist	O 5	O 4	O 3	O 2	O 1
3.	The **RVTS** education program is advancing my knowledge	O 5	O 4	O 3	O 2	O 1

[SGPT]
ASK IF Q16b=2 {Q16b=2}

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

{Q21}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	The **RVTS** clearly communicates the requirements of my training program	O 5	O 4	O 3	O 2	O 1
2.	The **RVTS** clearly communicates with me about changes to my training program and how they affect me	O 5	O 4	O 3	O 2	O 1
3.	I know who to contact at **RVTS** about my education program	O 5	O 4	O 3	O 2	O 1

[SGPT]
ASK IF Q16b=2 {Q1bb=2}

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

{Q28}

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

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

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

[SGPT, SNT]

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

{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

[SGPT, SNT]

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

{Q21a}

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure
1. The financial cost of my College training program has led to stress	O 5	O 4	O 3	O 2	O 1	O 99
2. My College provides clear and accessible information about how my fees are spent	O 5	O 4	O 3	O 2	O 1	O 99
3. The cost of my College training program has been a barrier to my progression in the training program	O 5	O 4	O 3	O 2	O 1	O 99

[SGPT, SNT]

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?

{Q20a}

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
1. My College clearly communicates the requirements of my training program	O 5	O 4	O 3	O 2	O 1	O 99
2. My College clearly communicates with me about changes to my training program and how they affect me	O 5	O 4	O 3	O 2	O 1	O 99
3. I know who to contact at the College about my training program	O 5	O 4	O 3	O 2	O 1	O 99

[SGPT, SNT]

Q23a. In the last 12 months, have you sat one or more exams from…?

{Q24a}

	Yes	No
1. **PIPE [College]**	○ 1	○ 2

ASK IF Q23aX=1 {Q24ax=1}
[SGPT, SNT]

Q23b. Have you received the results of your most recent exam from…?

{Q24c}

	Yes	No
1. **PIPE [College]**	○ 1	○ 2

ASK IF Q23bX=1 {Q24cx=1}
[SGPT, SNT]

Q23c. Did you pass the exam for…?

{Q25a}

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

CONFIDENTIAL

[SGPT, SNT]
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?

{Q26a}

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

[SGPT, SNT]

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?

{Q27a}

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

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

ASSESSMENT

[INS]

Q26a. Did you receive an assessment for your previous rotation?

{Q23a}

Yes	**Go to Q23b** {Q26b}	O 1
No	**Go to Q29** {Q28}	O 2

[INS]
ASK IF Q26a=1 {Q23a=1}

Q26b. To what extent do you agree or disagree with the following statements? The assessment from my previous rotation…

{Q23b}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	Was relevant to my training	O 5	O 4	O 3	O 2	O 1
2.	Included an opportunity to discuss feedback with my supervisor	O 5	O 4	O 3	O 2	O 1
3.	Provided me with useful feedback about my progress as an intern	O 5	O 4	O 3	O 2	O 1
4.	Was conducted fairly	O 5	O 4	O 3	O 2	O 1

ORIENTATION

In this next section, we would like to know more about your experiences in your workplace.
If you have more than one current setting, please consider the setting where you spend the most time.

[SGPT, IMG, PVT, INS, SNT]

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		O 1
Yes, but it was largely informal		O 2
No	**Go to Q28** {Q30}	O 3

[SGPT, IMG, PVT, INS, SNT]
ASK IF Q27a=1 OR 2 {Q29a=1|2}

Q27b. How would you rate the quality of your orientation?

{Q29b}

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

CLINICAL SUPERVISION

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

[SGPT, IMG, PVT, INS, SNT]

Q28. **SHOW IF SGPT, PVT, INS, SNT**
In your setting, who mainly provides your day-to-day clinical supervision?

SHOW IF IMG
In your setting, who mainly provides your day-to-day clinical supervision/peer review?

Please select one response only.
HOVERTEXT FOR 'SETTING'
Setting is the current or most recent workplace, placement or rotation where at least 2 weeks have been completed as part of your training.
{Q30}

Specialist (including specialist GP)	O 1
Registrar	O 2
Other doctor	O 3
Nurse	O 4
Other	O 5
SHOW IF SGPT, PVT, INS, SNT	
I don't have a clinical supervisor **Go to Q32** {Q34}	O 6
SHOW IF IMG	
I don't have a clinical supervisor/peer reviewer **Go to Q32** {Q34}	O 7

[SGPT, IMG, PVT, INS, SNT]
ASK IF Q28=1 TO 5 {Q30=1:5}

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

SHOW IF SGPT, PVT, INS, SNT
In my setting, if my clinical supervisor(s) is not available…

SHOW IF IMG
In my setting, if my **clinical supervisor(s)/peer reviewer(s)** is not available…

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

[SGPT, IMG, PVT, INS, SNT]
ASK IF Q28=1 TO 5 {Q30=1:5}

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

SHOW IF SGPT, PVT, INS, SNT
In your setting, how would you rate the quality of your overall **clinical supervision for…**

SHOW IF IMG
In your setting, how would you rate the quality of your **overall clinical supervision/peer review for…**

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}

		Excellent	Good	Average	Poor	Terrible	Not applicable
1.	Helpfulness of supervisor	O 5	O 4	O 3	O 2	O 1	O 99
2.	Accessibility of supervisor	O 5	O 4	O 3	O 2	O 1	O 99
3.	Regular, INFORMAL feedback	O 5	O 4	O 3	O 2	O 1	O 99
4.	Regular, FORMAL feedback	O 5	O 4	O 3	O 2	O 1	O 99
5.	Usefulness of feedback	O 5	O 4	O 3	O 2	O 1	O 99
6.	Discussions about my goals and learning objectives	O 5	O 4	O 3	O 2	O 1	O 99
7.	**SHOW IF SGPT, PVT, IMG, SNT** Supporting you to meet your training plan/pathway requirements **SHOW IF INS** Supporting you to meet your intern education program requirements	O 5	O 4	O 3	O 2	O 1	O 99
8.	Including opportunities to develop your skills	O 5	O 4	O 3	O 2	O 1	O 99
9.	Ensuring your work is appropriate to your level of training	O 5	O 4	O 3	O 2	O 1	O 99
10.	Completing workplace-based assessments	O 5	O 4	O 3	O 2	O 1	O 99

[SGPT, IMG, PVT, INS, SNT] **ASK IF Q28=1 TO 5** {Q30=1:5} Q31. **SHOW IF SGPT, PVT, INS, SNT** For your setting, how would you rate the quality of your clinical supervision? **SHOW IF IMG** For your setting, how would you rate the quality of your clinical supervision/peer review? **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 O 5 Good O 4 Average O 3 Poor O 2 Terrible O 1
[SGPT, IMG, PVT, SNT] 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 O 1 No – but this is scheduled O 2 No – but I would like to be O 3 No – it's not necessary O 4 Unsure O 5

ACCESS TO TEACHING

[SGPT, IMG, PVT, INS, SNT]

Q35. Thinking about the development of your knowledge and skills, in your setting do you have sufficient opportunities to develop your…

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
4.	Teaching and supervision skills	○ 1	○ 2	○ 3
5.	Ethics	○ 1	○ 2	○ 3
6.	Leadership and management	○ 1	○ 2	○ 3
7.	Communication	○ 1	○ 2	○ 3
8.	Cultural safety	○ 1	○ 2	○ 3
9.	Research	○ 1	○ 2	○ 3
10.	Prescribing	○ 1	○ 2	○ 3
11.	Recognition and care of the acutely unwell patient	○ 1	○ 2	○ 3

[SGPT, IMG, PVT, INS, SNT]

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…

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
1.	I can access the training opportunities available to me	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
2.	I have to compete with **other doctors** for access to opportunities	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99
3.	I have to compete with **other health professionals** for access to opportunities	○ 5	○ 4	○ 3	○ 2	○ 1	○ 99

[SGPT, IMG, PVT, INS, SNT]

Q34. Thinking about **access to teaching and research** 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.

{Q36}

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

[SGPT, IMG, PVT, INS, SNT]

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

My job responsibilities…

{Q37}

Never prevent me from meeting my training requirements O 1

Rarely prevent me from meeting my training requirements O 2

Sometimes prevent me from meeting my training requirements O 3

Often prevent me from meeting my training requirements O 4

[SGPT, IMG, PVT, INS, SNT]

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

{Q14}

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

[SGPT, IMG, PVT, INS, SNT]

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

{Q38}

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

WORKPLACE ENVIRONMENT AND CULTURE

[SGPT, IMG, PVT, INS, SNT]

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.

{Q39}

	Excellent	Good	Average	Poor	Terrible	Not provided	Not applicable
1. Reliable internet for training purposes	O 5	O 4	O 3	O 2	O 1	O 98	O 99
2. Educational resources	O 5	O 4	O 3	O 2	O 1	O 98	O 99
3. Working space (e.g. desk and computer)	O 5	O 4	O 3	O 2	O 1	O 98	O 99
4. Teaching spaces	O 5	O 4	O 3	O 2	O 1	O 98	O 99

[SGPT, IMG, PVT, INS, SNT]

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.

{Q40}

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

	harassment and discrimination (including racism) in my workplace					
10.	I could access support from my workplace if I experienced stress or a traumatic event	○ 5	○ 4	○ 3	○ 2	○ 1

[SGPT, IMG, PVT, INS, SNT]

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
6. Sexual harassment *Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where the possibility of that reaction could be reasonably anticipated in the circumstances.*	☐ 6	☐ 6
2. Harassment (excluding sexual harassment) *Harassment is behaviour which victimises, humiliates, insults, intimidates or threatens an individual or group due to the person's characteristics, like their race, religion, gender or sexual orientation.*	☐ 2	☐ 2
4. 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
3. Discrimination (excluding racism) *Discrimination includes adverse actions or being treated less favourably because of a person's characteristics, like their religion, gender, age or sexual orientation.*	☐ 3	☐ 3
98. None of these	○ 98	○ 98

SHOW FOR ANY OF THE CODES AT Q42A.

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

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.*

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42a.1=1|2|3|5 OR Q42a.2=1|2|3|5|6 {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	☐ 5	☐ 5
6. Administrative staff	☐ 8	☐ 8
7. Patient and/or patient family/carer	☐ 6	☐ 6
8. Other	☐ 7	☐ 7
99. Prefer not to say	○ 99	○ 99

[SGPT, IMG, PVT, INS, SNT]
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

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42c.1=1|2| or Q42c.2=1|2| {Q41C_2}

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

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

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42a.1=1|2|3|5 OR Q42a.2=1|2|3|5 {Q41A_2}

Q42e. Have you reported it?
{Q41E_2}

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

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42e.1=2 OR Q42e.2=2 {Q41XI}

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 would be done if I did report it	☐ 5	☐ 5
6. I felt it was not the accepted practice to report it	☐ 6	☐ 6
7. Other	☐ 7	☐ 7
98. Prefer not to say	○ 99	○ 99

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42e.1=1 OR Q42e.2=1 {Q41E_2}

Q42f. Has the report been followed-up?
{Q41F_2}

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

[SGPT, IMG, PVT, INS, SNT]
SHOW IF Q42xf.1=1| OR Q42xf.2=1| {NEW}

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

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

[SGPT, IMG, PVT, INS, SNT]
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?
{NEW}

	1) Experienced	2) Witnessed
1. No effect	O 1	O 1
2. Minor effect	O 2	O 2
3. Moderate effect	O 3	O 3
4. Major effect	O 4	O 4
5. Unsure	O 5	O 5

[SGPT, IMG, PVT, INS, SNT]
Q43. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?
{Q42}

Yes O 1
No O 2
Unsure O 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.*

[SGPT, IMG, PVT, INS, SNT]

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.

PROGRAMMER NOTE: SPLIT ACROSS TWO SCREENS

{Q43}

		Always	Most of the time	Sometimes	Never
1.	The amount of work I am expected to do	O 4	O 3	O 2	O 1
2.	Having to work **paid** overtime	O 4	O 3	O 2	O 1
3.	Having to work **unpaid** overtime	O 4	O 3	O 2	O 1
4.	Dealing with patient expectations	O 4	O 3	O 2	O 1
5.	Dealing with patients' families	O 4	O 3	O 2	O 1
6.	Expectations of supervisors **SHOW IF IMG** Expectations of supervisors/peer reviewer	O 4	O 3	O 2	O 1
7.	Supervisor feedback **SHOW IF IMG** Supervisors/peer reviewer feedback	O 4	O 3	O 2	O 1
8.	Having to relocate for work	O 4	O 3	O 2	O 1
9.	Being expected to do work that I don't feel confident doing	O 4	O 3	O 2	O 1
11.	Lack of appreciation	O 4	O 3	O 2	O 1
12.	Workplace conflict	O 4	O 3	O 2	O 1

[SGPT, IMG, PVT, INS, SNT]

Q45. How would you rate your workload 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.

{Q44}

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

[SGPT, IMG, PVT, INS, SNT]

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

{Q45}

20 hours or less	O 1
21 – 30 hours	O 2
31 – 40 hours	O 3
41 – 50 hours	O 4
51 – 60 hours	O 5
61 – 70 hours	O 6
71 – 80 hours	O 7
81 – 90 hours	O 8
More than 90 hours	O 9

[SGPT, IMG, PVT, INS, SNT]

Q47. For any unrostered overtime you have completed in your current rotation, how often did…?

{Q46}

	Always	Most of the time	Sometimes	Never	Not Applicable
4. You claim for the unrostered overtime	O 4	O 3	O 2	O 1	O 99
1. You get paid for the unrostered overtime	O 4	O 3	O 2	O 1	O 99
2. Working unrostered overtime have a negative impact on your training	O 4	O 3	O 2	O 1	O 99
3. Working unrostered overtime provide you with more training opportunities	O 4	O 3	O 2	O 1	O 99

[SGPT, IMG, PVT, INS, SNT]

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.

Yes, I have accessed flexible working arrangements	O 1
I have considered accessing flexible working arrangements but chose not to access	O 2
I have considered accessing flexible working arrangements but was unable to access	O 3
I have not accessed, and have not required flexible working arrangements	O 4
Prefer not to say	O 99

[SGPT, IMG, PVT, INS, SNT] **ASK IF Q63a=1, 2 OR 3** Q64. **SHOW IF Q63a=1** What sort of flexible arrangements did you access? **SHOW IF Q63a=2 OR 3** What sort of flexible arrangements would you have liked to access? **HOVERTEXT FOR 'FLEXIBLE WORKING ARRANGEMENTS'** 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.**	Changes in hours of work (e.g., reduction in hours worked, changes to start/finish times) ☐ 1 Changes in patterns of work (e.g., working 'split-shifts', job sharing arrangements, or not being rostered on nightshifts) ☐ 2 Changes in location of work (e.g., working from home or working from another location) ☐ 3 Other ☐ 4 Prefer not to say ○ 99
[SGPT, IMG, PVT, INS, SNT] **ASK IF Q63a=1** Q63b. Did the flexible working arrangements you accessed in your setting meet your needs? **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.	Yes, the arrangements I accessed met all of my needs ○ 1 The arrangements I accessed met some, but not all, of my needs ○ 2 No, the arrangements I accessed did not meet my needs ○ 3 Prefer not to say ○ 99

[SGPT, IMG, PVT, INS, SNT]
ASK IF Q63a=2 OR 3

Q63c. Why have you not accessed, 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 aren't available in my current role or rotation ☐ 3
- I didn't feel comfortable asking for flexible working arrangements in my current setting ☐ 4
- I felt I wasn't senior enough to access flexible working arrangements ☐ 5
- My employment terms do not allow for flexible working arrangements ☐ 10
- 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

PATIENT SAFETY

[SGPT, IMG, PVT, INS, SNT]

Q48. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety?

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

{Q49}

- Excellent ○ 5
- Good ○ 4
- Average ○ 3
- Poor ○ 2
- Terrible ○ 1
- I did not receive training ○ 6

[SGPT, IMG, PVT, INS, SNT]

Q49. Thinking about **patient care and safety** 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.

{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

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OVERALL SATISFACTION

[SGPT, IMG, PVT, INS, SNT]

Q50. Thinking about 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.

{Q52}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I would recommend my **current training position** to other doctors	O 5	O 4	O 3	O 2	O 1
2.	I would recommend my **current workplace** as a place to train	O 5	O 4	O 3	O 2	O 1

FUTURE CAREER INTENTIONS

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

[SGPT, SNT]

Q51a. Do you intend to continue in your specialty training program?

{Q53a}

- Yes O 1
- No O 2
- Undecided O 3

[IMG]

Q51b. Do you intend to continue on a pathway to general or specialist registration?

{Q53b}

- Yes – general registration **Go to Q54** {Q56} O 1
- Yes – specialist registration **Go to Q54** {Q56} O 2
- No **Go to Q62a** {Q62a} O 3
- Unsure **Go to Q54** {Q56} O 4

[PVT, INS]

Q52. Do you intend to become a specialist?

{Q54}

- Yes **Go to Q53** {Q55} O 1
- No **Go to Q54** {Q56} O 2
- Unsure **Go to Q54** {Q56} O 3

[PVT, INS]
ASK IF Q52=1 {Q54=1}

Q53. Which specialty are you most interested in pursuing?
Please select one response only.

{Q55}

- Addiction medicine – Royal Australasian College of Physicians **(RACP)** O 01
- Anaesthesia – Australian and New Zealand College of Anaesthetists **(ANZCA)** O 02
- Dermatology – Australasian College of Dermatologists **(ACD)** O 03
- Emergency medicine – Australasian College for Emergency Medicine **(ACEM)** O 04
- General practice – Australian College of Rural and Remote Medicine **(ACRRM)** O 05

	General practice – Royal Australian College of General Practitioners **(RACGP)** O 06 Intensive care medicine – College of Intensive Care Medicine of Australia and New Zealand **(CICM)** O 09 Medical administration – Royal Australasian College of Medical Administrators **(RACMA)** O 10 Obstetrics and gynaecology – Royal Australian and New Zealand College of Obstetricians and Gynaecologists **(RANZCOG)** O 11 Occupational and environmental – Royal Australasian College of Physicians **(RACP)** O 12 Ophthalmology – Royal Australian and New Zealand College of Ophthalmologists **(RANZCO)** O 13 Paediatrics and child health – Royal Australasian College of Physicians **(RACP)** O 14 Pain medicine – Australian and New Zealand College of Anaesthetists **(ANZCA)** O 15 Palliative medicine – Royal Australasian College of Physicians **(RACP)** O 16 Pathology – Royal College of Pathologists of Australasia **(RCPA)** O 17 Physician (Adult internal medicine) – Royal Australasian College of Physicians **(RACP)** O 18 Psychiatry – Royal Australian and New Zealand College of Psychiatrists **(RANZCP)** O 19 Public health medicine – Royal Australasian College of Physicians **(RACP)** O 20 Radiation oncology – Royal Australian and New Zealand College of Radiologists **(RANZCR)** O 21 Radiology – Royal Australian and New Zealand College of Radiologists **(RANZCR)** O 22 Rehabilitation medicine – Royal Australasian College of Physicians **(RACP)** O 23 Sexual health medicine – Royal Australasian College of Physicians **(RACP)** O 24 Sports and exercise medicine – Australasian College of Sport and Exercise Physicians **(ACSEP)** O 25 Surgery – Royal Australasian College of Surgeons **(RACS)** O 26 Surgery – Oral and maxillofacial surgery – Royal Australasian College of Dental Surgeons **(RACDS)** O 27 Unsure O 97

[SGPT, IMG, PVT, INS, SNT]
IMG SKIP IF Q51b=3 {Q53b=3}

Q54. Thinking about your future career, to what extent do you agree or disagree with the following statements?

{Q56}

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
8.	I intend to work in Aboriginal and Torres Strait Islander health/healthcare	O 5	O 4	O 3	O 2	O 1
9.	I intend to work in rural practice	O 5	O 4	O 3	O 2	O 1
10.	I intend to work in medical research	O 5	O 4	O 3	O 2	O 1
11.	I intend to work in medical teaching	O 5	O 4	O 3	O 2	O 1
5.	**SHOW IF SGPT OR SNT** I am concerned I won't successfully complete my training program to attain Fellowship **SHOW IF PVT OR INS AND Q52=1** {Q54=1} I am concerned about being able to secure a place in my preferred College training program **SHOW IF IMG** I am concerned I won't successfully meet my pathway requirements	O 5	O 4	O 3	O 2	O 1
6.	I am concerned about whether I will be able to secure employment on completion of training **SHOW IF IMG** I am concerned about whether I will be able to secure employment on completing of the pathway	O 5	O 4	O 3	O 2	O 1
12.	I am considering a future outside of medicine in the next 12 months	O 5	O 4	O 3	O 2	O 1

ABOUT YOU

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

[SGPT, IMG, PVT, INS, SNT] Q55. Do you identify as...? *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* {Q57}	Man or male O 1 Woman or female O 2 Non-binary O 3 I use a different term O 4 Prefer not to say O 99
[SGPT, IMG, PVT, INS, SNT] Q56. What is your age? {Q58}	20 to 24 O 1 25 to 29 O 2 30 to 34 O 3 35 to 39 O 4 40 to 45 O 5 45+ O 6 Prefer not to say O 99
[SGPT, IMG, PVT, INS, SNT] Q57. Do you identify as an Australian Aboriginal and/or Torres Strait Islander person? {Q59}	Yes – Aboriginal O 1 Yes – Torres Strait Islander O 2 Yes – Both Aboriginal and Torres Strait Islander O 3 No O 4 Prefer not to say O 99
[SGPT, IMG, PVT, INS, SNT] Q60. Do you identify as a person with a disability? *Please note, the definition of disability includes sensory, intellectual, neuro-diverse, physical and mental illness – where the disability is permanent or is likely to be permanent.* {Q65}	Yes O 1 No O 2 Prefer not to say O 99

[SGPT, IMG, PVT, INS, SNT] 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.** {Q66}	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
[SGPT, PVT, INS, SNT] Q58a. Did you complete your primary medical degree in Australia or New Zealand? {Q6a}	Yes - Australia ○ 1 Yes - New Zealand ○ 2 No - Elsewhere ○ 3
[SGPT, IMG, PVT, INS, SNT] **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, EY Sweeney will comply with the requirements of the Privacy Act.

Should you need to contact Ahpra please call them on 1300 419 495.

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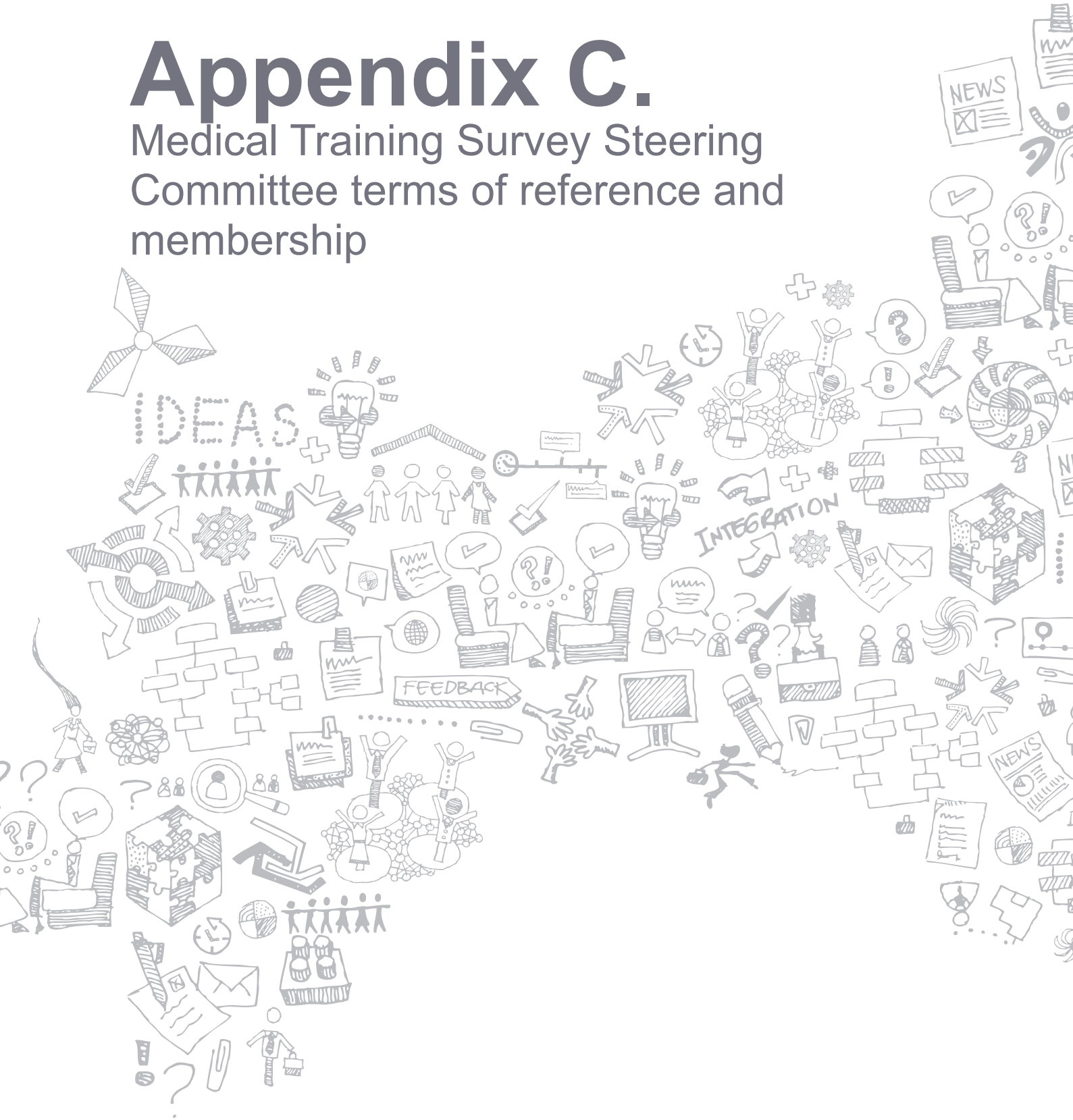
Appendix C.

Medical Training Survey Steering Committee terms of reference and membership



C1 Medical Training Survey Steering Committee terms of reference and membership

Medical Training Survey Steering Committee

Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to the ongoing delivery of an annual Medical Training Survey (MTS).

The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey assist the Board, Ahpra and other relevant stakeholders 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.

Purpose of the Steering Committee

The Board has established the MTS Steering Committee to support the MTS project. The Steering Committee provides oversight of the MTS including, providing advice and recommendations on policy positions, data governance processes, project planning and timelines, stakeholder engagement, publication of findings and if necessary, the procurement of future external providers to administer the MTS.

Terms of Reference

The Steering Committee will:

1. review and provide feedback on the MTS project plan as necessary
2. provide regular advice, where required, to the Board on the progress and future delivery of the MTS

3. oversight the MTS through its annual life cycle from question development and approval, through to publication of results. This includes consulting with stakeholders on the questions for inclusion in the MTS and how the results will be presented and made accessible
4. support the project team to manage requests for MTS data not currently available on the interactive data dashboard or in static reports. This includes reviewing requests on a case-by-case basis and assisting with the development of policies to support management of these requests
5. support the project team to manage the risks associated with delivering the MTS by providing guidance and advice. The Project Manager will alert the Committee to any known risks that may impact on the delivery of the project and/or the reputation of the Board and Ahpra. The Committee will regularly review the risk register and recommend possible mitigation strategies
6. support the project team by providing timely advice on issues that arise in relation to the survey and,
7. if necessary, inform the request for tender for the contractor who will administer the survey. This includes providing advice on the scope of the services to be contracted for and evaluating submissions and quotes. Member/s of the Steering Committee may also be asked to participate in the selection process.
8. provide advice and recommendations to the project team on stakeholder engagement strategy and communications, including on publishing and disseminating the MTS findings
9. consult with the MTS Consultative Forum where necessary
10. provide guidance and feedback on the reporting of the results of the survey – static reports and interactive dashboard, and
11. be alerted and deal with any concerns that arise from the running of survey and/or the results of the survey.

Membership

The Steering Committee is appointed by the Medical Board of Australia and includes:

Chair

Member of the Medical Board Australia – National Board member or State or Territory Board member

Members

- At least two additional members of the Board – National Board member/s and/or State or Territory Board member/s
- Executive Officer, Medical
- MTS Project Manager
- Communications Advisor for the Medical Board

Secretariat services

Secretariat will be provided by Strategy and Policy, Medical.

Meetings and procedures

Frequency of meetings

The Steering Committee will be scheduled as required but are expected to be monthly to two-monthly. The Steering Committee can meet more frequently if necessary.

Meetings can be:

- in person
- via video conference

Procedures for meetings

The Chair is to preside at a meeting of the Steering Committee. In the absence of the Chair, one of the other members of the Board will preside at the meeting.

Materials will be provided to members at least two working days prior to day of the meeting, noting that the purpose of the Committee is to make timely decisions to avoid project delays.

A brief report of the meeting will be drafted and circulated to members.

Quorum

A quorum of the Committee is three members.

Reporting

The Steering Committee will report to the Board.

Payment and expenses

Members of the Board will be paid in accordance with the Board members' manual.

The Communications Advisor is contracted to perform communications activities, and further payment is not necessary.

Timeframe

The Board will review the role of the Steering Committee and its membership as required.

Name of document	Medical Training Survey Steering Committee Terms of Reference

Version	Version 7
Reviewed	May 2025
Approved	28 May 2025
Next review	As required but within 2 years of approval

Membership

MBA Medical Training Survey Steering Committee

Members

Chair

Dr Brooke Sheldon, Medical Board of Australia

Members

Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency

Dr Andrew Mulcahy, Medical Board of Australia

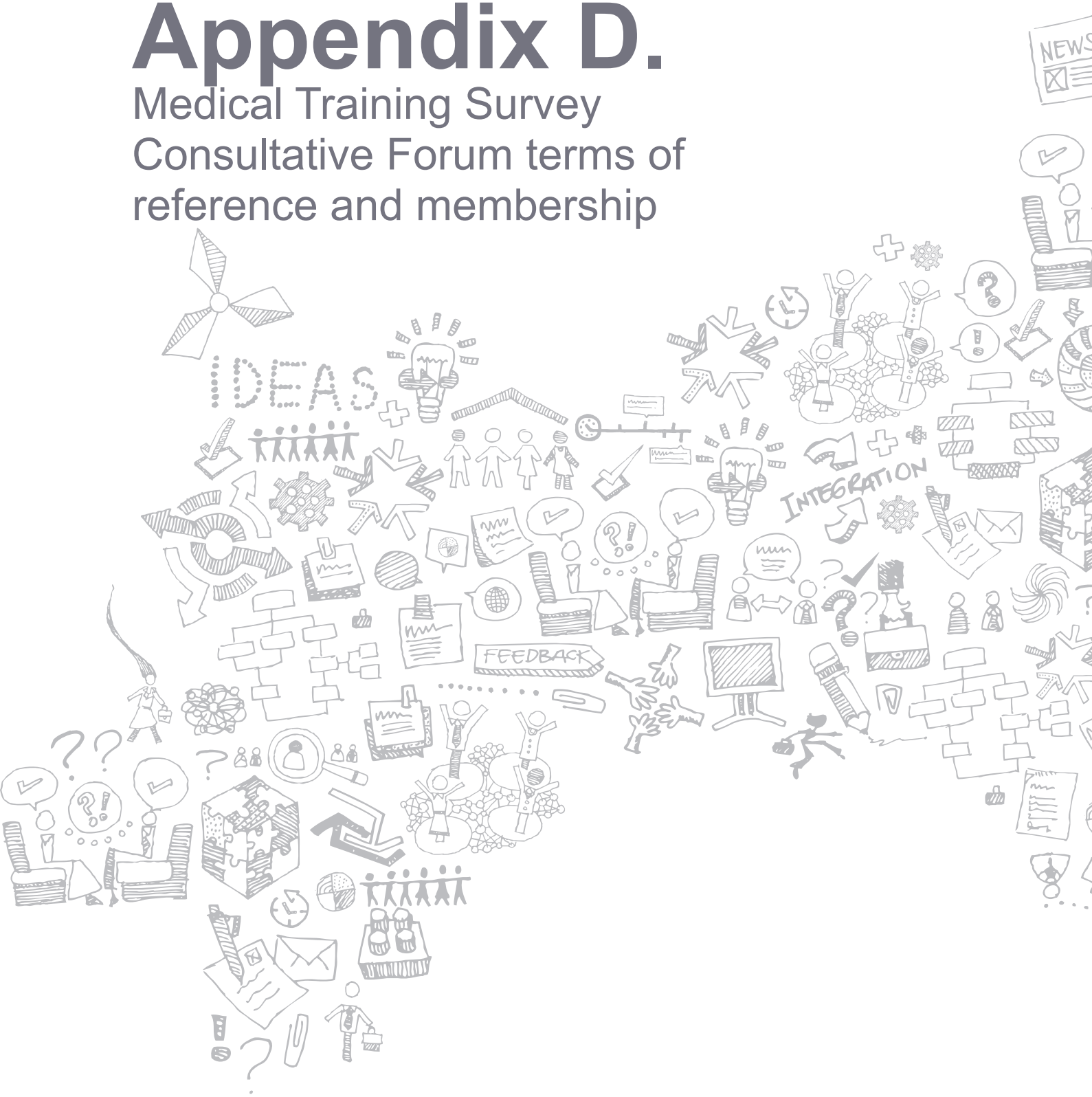
Ms Nicole Newton, Communications Advisor

Dr Aidan Tan, Medical Board of Australia

Brie Woods, Australian Health Practitioner Regulation Agency

Appendix D.

Medical Training Survey Consultative Forum terms of reference and membership



D1 Medical Training Survey Consultative Forum terms of reference and membership

Medical Training Survey Consultative Forum

Context

The Medical Board of Australia (the Board) and the Australian Health Practitioner Regulation Agency (Ahpra) have publicly committed to the ongoing delivery of an annual Medical Training Survey (MTS).

The MTS is a national, profession-wide survey of all doctors in training in Australia. It is a confidential way to get national, comparative, profession-wide data to strengthen medical training in Australia. All doctors in training are invited to participate in the survey about their recent training experience.

Findings from the survey will assist the Board, Ahpra and other relevant stakeholders 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.

Purpose of the Consultative Forum

The Board has established the MTS Consultative Forum to support the MTS project. The Forum provides the Board with advice and guidance on matters related to the survey, supports engagement and communication with doctors in training and other stakeholders and provides stakeholder feedback about the MTS to the Board.

This includes about:

- the survey questions
- stakeholder engagement strategy (including advice and guidance on increasing uptake and usage of results)
- providing or seeking real-life examples of how the results are being used by stakeholders,
- how to increase the response rate
- how to disseminate results widely, and
- how to manage adverse results that indicate systemic issues.

Terms of Reference

The Consultative Forum will:

1. provide advice on:
    a. survey content
    b. survey design (including how the questions are presented in the online survey tool)
    c. presentation of the data in the static reports and on the interactive online data dashboard
    d. the dissemination and publication of the MTS findings
    e. how to better engage with doctors in training and increase participation rates, and
    f. how to manage adverse results and serious concerns that have arisen from the MTS.
2. provide advice and recommendations to the Steering Committee and project team on the stakeholder engagement and communications strategy. This will include having an active role in the promotion of the survey to doctors in training
3. support and promote the dissemination the MTS findings to key stakeholders
4. encourage the use of results by stakeholders, and
5. provide feedback on how their organisation is using the results to drive improvements in medical training and provide examples of tangible outcomes from using the data to drive improvements.

Membership

The Consultative Forum is appointed by the Medical Board of Australia and includes:

Chair

Member of the Medical Board Australia – National Board member or State or Territory Board member

Members

- All members of the Steering Committee
- A community member that is not a member of the National or State or Territory Boards or Committees

The Board will seek nominations from the following representative organisations:

- One nominee of the Australian Medical Council
- Two nominees of the jurisdictions
- One nominee of the Australian Medical Association
- Three doctors in training, including a nominee of the Australian Medical Association Council of Doctors in Training, a nominee from a College Trainee Committee and a nominee of the Australasian Prevocational Medical Officers' Committee
- One nominee of the Confederation of Postgraduate Medical Education Councils
- Two nominees of the Council of Presidents of Medical Colleges

- One nominee of the Medical Deans Australia and New Zealand
- A representative from a private sector employer
- Two nominees of the Australian Indigenous Doctors Association
- A nominee of the Doctors' Health Services Pty Ltd (DrHS)
- A Director of Clinical Training (or similar position) with expertise in the supervision of doctors in training.

The Board can appoint additional members to the Consultative Forum as required.

Secretariat services

Secretariat will be provided by Strategy and Policy, Medical.

Meetings and procedures

Frequency of meetings

The Consultative Forum will be scheduled as required but are expected to be quarterly over the next year of the project. The requirement for meetings will be determined as the project progresses.

Meetings can be:

- In person
- via videoconference

Procedures for meetings

The Chair is to preside at a meeting of the Consultative Forum. In the absence of the Chair, the other Board member/s on the Steering Committee will preside at the meeting.

Materials will be provided to members at least five working days prior to day of the meeting.

A brief report of the meeting will be drafted and circulated to members.

Reporting

The Consultative Forum will report to the Board via the Chair of the Steering Committee.

Payment and expenses

The doctors in training and external community member will be paid an honorarium for their attendance and related expenses.

Members of the Board will be paid in accordance with the Board members' manual.

Other members will not be paid to attend meetings, but necessary travel and accommodation will be approved and arranged by Ahpra and funded by the Board.

Timeframe

The Board will review the role of the Consultative Forum and its membership as required.

Name of document	Medical Training Survey Consultative Forum Terms of Reference
Version	Version 7
Reviewed	May 2025
Approved	28 May 2025
Next review	As required but within 2 years of approval

Membership

Consultative Forum Membership

Chair

Dr Brooke Sheldon, Medical Board of Australia

Members

Ms Melody Ahfock, Australian Medical Students Association

Dr Michelle Atchison, Australian Medical Association

Dr William Blake, Australian Medical Association

Professor Stuart Carney, Medical Deans Australia and New Zealand

Ms Megan Crawford, Jurisdiction Advisory Committee

Ms Jane Dancer, Medical Council of New Zealand

Dr Penelope Elix, Medical Council of NSW

Dr Riya Gaikaiwari, Australasian Prevocational Medical Officers' Committee

Ms Julie Hatty, Confederation of Postgraduate Medical Education Council

Dr Tony Hayek, Australian Private Hospital Association

Dr Sanjay Hettige, Australian Medical Association Council of Doctors in Training

Dr Andrew Jamieson, Jurisdiction representative

Dr Joanne Katsoris, Australian Health Practitioner Regulation Agency

Dr Adriene Lee, Council of Presidents of Medical Colleges

Ms Lara McNabb, Confederation of Postgraduate Medical Education Councils

Dr Elizabeth Moore, Council of Presidents of Medical Colleges

Dr Andrew Mulcahy, Medical Board of Australia

Dr Jonathan Newchurch, Australian Indigenous Doctors' Association

Ms Nicole Newton, Communications advisor

Dr Bhavi Ravindran, Doctors Health Services

Dr Aidan Tan, Medical Board of Australia

Dr Rob Thomas, Australian Medical Association Council of Doctors in Training

Ms Theanne Walters, Australian Medical Council

Ms Justine Walsh, Confederation of Postgraduate Medical Education Councils

Ms Liat Watson, Community representative

Professor Susan Wearne, Jurisdiction representative

Dr Chris Wilson, Australasian Directors of Clinical Training Committee

Secretariat

Ms Brie Woods, Australian Health Practitioner Regulation Agency

Visit MedicalTrainingSurvey.gov.au to explore the results further by using the interactive data dashboard

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