2014

AMA SPECIALIST TRAINEE SURVEY

REPORT OF FINDINGS

February 2015

AMA

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FOREWORD

The AMA Council of Doctors in Training (AMACDT) is the peak representative body for doctors in training (DiTs), with strong links to all medical college trainee representative groups. It plays a key leadership role within the AMA, and provides DiTs with an effective voice to shape the future delivery of medical education and training in Australia.

The significant rise in medical graduate numbers, changing medical workforce demographics, a focus on safer working hours, and changing lifestyle choices all have the potential to affect the quality of vocational training. In particular, recent growth in medical graduate numbers has resulted in a rapid increase in the number of prevocational and vocational trainees, and increasing competition for vocational training places.

The AMA, like other professional organisations in medicine, is concerned that this growth might compromise the quality of clinical training delivered in Australia's health system. In this context, the AMA conducted the first Specialist Trainee Survey (STS) in 2010 to gather trainee feedback on the quality of their training experience, and identify key training issues and areas for improvement.

The 2010 survey reinforced the positive steps being taken by medical colleges to improve the quality of the vocational training experience, including transparency of the selection process, access to supervision, adherence to safe hours, and alignment of clinical experience with training objectives. It also suggested trainees had concerns with appeals processes, recognition of prior learning, responsiveness to bullying and harassment, and the overall cost of training.

The 2014 survey provides further insight into trainee opinions on whether the quality of training is being maintained in the face of rising numbers of trainees. Managing career expectations, promoting a safe and healthy workplace, and better integrating high-quality prevocational and vocational training pathways are areas where an ongoing commitment at all levels of training is needed to ensure Australia continues to produce highly qualified doctors.

The results of the 2014 survey highlight important areas for medical colleges and health departments to focus on to improve the quality of vocational training, and will inform AMA advocacy for vocational training.

Associate Professor Brian Owler
Federal AMA President

Dr James Churchill
Immediate Past Chair
AMA Council of Doctors in Training, 2014

SUMMARY

What this report is about

There are nearly 16,800 specialist trainees undertaking a recognised medical specialty training program in Australia. The AMA surveyed hospital-based specialist trainees and general practice registrars about their training experience to provide medical colleges with independent feedback on their vocational training programs.

Now in its second iteration, the survey highlights strengths and areas for improvement in training programs, and identifies emerging issues and trends in vocational training. Importantly, it begins to provide longitudinal data on this core issue. Medical colleges and health departments can use the results to review their own education and training policies, with a particular focus on the areas for improvement, and on their performance against the Australian Medical Council's (AMC) standards for specialty education and training.

Method

Two parallel on-line surveys of hospital-based specialist trainees (the STS) and general practice registrars (the GPRS) were run from 7 to 30 May 2014. Statements were developed referencing the AMC's standards for specialist medical education and training, [1] and covered 11 areas including overall satisfaction, selection processes, training and educational activities, supervision, assessment, flexibility, and cost.

Key findings

Overall, hospital-based specialist trainees responding to the 2014 STS reported a high level of satisfaction with work and training, and have a more positive view about their training experience than those surveyed four years ago.

There are, however, a number of important areas in which trainees report low satisfaction, justifying continued advocacy for improvements to training programs and support structures.

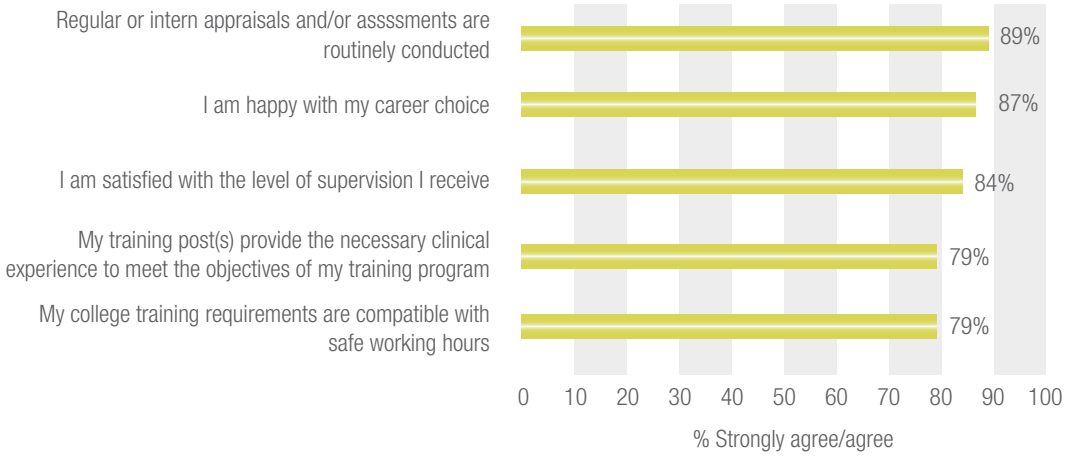
Strengths

The 2014 STS shows that medical colleges are performing well in most areas of vocational training.

Career choice, level of supervision, standard of training, clinical experience, and access to safe working hours are areas where trainees continue to have a high level of confidence (Figure 1).

1 Australian Medical Council. Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures. Canberra: AMC, 2010.

FIGURE 1 - Top five areas of trainee satisfaction in 2014



Half of the statements attracted a more positive response in 2014, most notably in the areas of assessment and examinations, flexibility, recognition of prior learning, and effective use of technology.

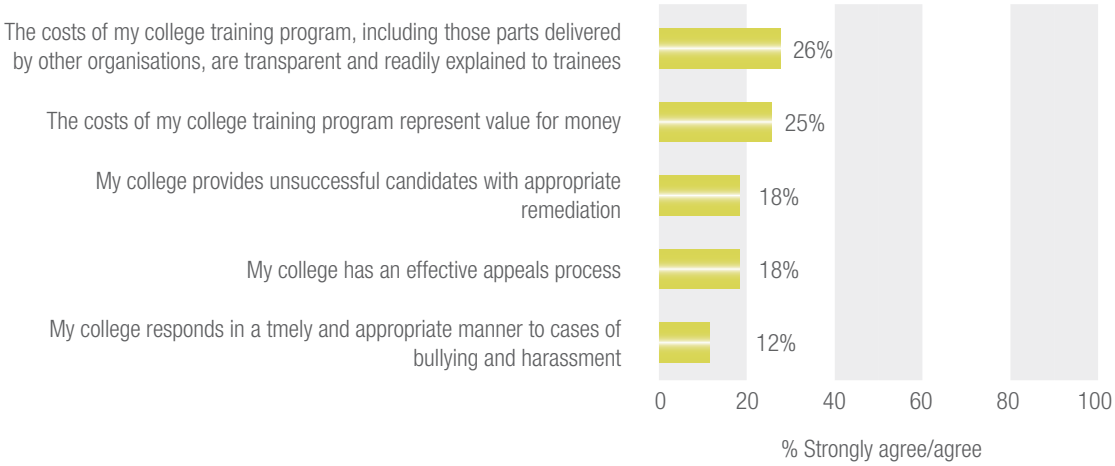
Areas for improvement

There were significant areas of dissatisfaction, many of which unfortunately remain unchanged since 2010.

Responsiveness to cases of bullying and harassment, feedback, appeals and remediation processes, and the cost of training are ongoing issues for trainees (Figure 2). Trainees are also uncertain about how to access academic streams and accredited overseas rotations as part of their training program.

Four statements (8 per cent) attracted a less positive response in 2014. Significantly, these were in the areas of overall satisfaction with career choice (although overall satisfaction with career choice remained high), communication, and the timing of exams to enable trainees to progress through training.

FIGURE 2 - Top five areas of trainee dissatisfaction in 2014



GP Registrars

The ability to run two parallel surveys of hospital-based trainees and GP registrars provided valuable insight into these training environments. GP registrars appear to have a significantly more positive view of their training programs than other specialties.

GP registrars were more positive about many aspects of their training program, most notably employment prospects at the end of training, costs of training, health and wellbeing, access to flexible training options, relevance and quality of educational activities, and recognition of prior learning.

INTRODUCTION

Australians have access to a world-class health system. According to the Australian Institute of Health and Welfare, life expectancy in Australia is among the highest of all Organisation for Economic Co-operation and Development countries. [2] This is, in part, the product of a strong medical education system.

The specialist medical colleges play a key role in ensuring the continuing high standards of the Australian medical workforce, and safeguard the quality of medical training within the broader accreditation framework established by the Australian Medical Council (AMC).

This role will become even more significant in coming years as the medical profession confronts a number of key challenges. These include a global shortage of medical practitioners, [3] maldistribution of medical practitioners, both geographically and by specialty, [4] bottlenecks in the medical training pipeline, a historically fragmented medical training system, and systematic underfunding of prevocational and vocational training positions.

The AMA conducted its first Specialist Trainee Survey (STS) in 2010 to provide medical colleges with trainee feedback about key training issues and other aspects of their operation. The 2010 survey found trainees who responded had a high level of satisfaction with work and training, and lower satisfaction with appeals processes, recognition of prior learning, responsiveness to cases of bullying and harassment, and training costs.

The AMA has used the results from the 2010 survey to advocate for more transparency in training feedback and assessment processes, better access to services to promote and support trainee health and wellbeing and, more recently, to advocate for the Government to abandon a proposed cap on self-education expenses.

The AMA has repeated the STS in 2014, surveying both hospital-based specialist trainees (the STS) and general practice registrars (the GPRS) to monitor trends and emerging issues in vocational training.

In light of the ongoing pressure on vocational training places, changes to the governance arrangements for health workforce planning and GP training, concerns about the mental health of doctors, and an increasingly tight fiscal environment, this survey continues to be one way of obtaining independent feedback from trainees about the quality of their training.

This information will help to inform medical college standards, policies, and processes to maintain high-quality vocational training and, by extension, the standard of care afforded to patients.

It also highlights areas for further examination as part of the AMC's ongoing review of accreditation standards for specialist medical education programs.

2 Australian Institute of Health and Welfare. Australia's Health 2010. Canberra: AIHW, 2010. (AIHW Cat. No. AUS 122).

3 Health Workforce Australia. Health Workforce 2025 – Doctors, Nurses and Midwives – Volume 1. Adelaide: HWA, 2012.

4 Health Workforce Australia. Health Workforce 2025 – Volume 3 – Medical Specialties. Adelaide: HWA, 2012.

METHODOLOGY

Method

Two parallel surveys of hospital-based specialist trainees (the STS) and general practice (GP) registrars (the GPRS) were run from 7 to 30 May 2014. Both surveys were confidential, self-reporting questionnaires and were available online at the Federal AMA website. The link was distributed electronically to approximately 6,980 hospital-based trainees and GP registrars, including AMA members and non-members.

Questions were aligned with the AMC's standards for specialist medical education and training. The 2014 STS and GPRS used the same instrument developed by the AMACDT in 2010 to survey trainees, including a five-point Likert scale (strongly disagree, disagree, not sure, agree, and strongly agree) to measure responses.

Analysis

Of the 57 STS training program questions asked in 2014, 50 paralleled those asked in 2010. A small number of questions were excluded from the 2014 survey as they were no longer relevant. Several additional questions were included to explore emerging themes and their impact on training, including training hours, rural, overseas and academic training opportunities, access to health and wellbeing support, and employment prospects at the end of training.

GP registrars were asked 56 questions, which were closely matched to corresponding questions in the STS survey.

Due to the small sample size, no hospital-based trainee data for specific medical colleges was analysed, and only grouped results are presented in the report.

The full results are reported in the appendices.

Sample

STS

There were 583 respondents to the STS against a total hospital-based trainee population of 13,801.[5] Given that many of the questions attracted a strongly positive response, we are confident that the survey reflects the underlying sentiment of the trainee doctor population.

GPRS

The GPRS attracted 120 responses. Notwithstanding the large sampling error associated with the number of responses against a GP registrar population of 4,087,[5] the responses in the GPRS correlate well with other GP registrar surveys, such as the former Australian General Practice Training (AGPT) Registrar Satisfaction Survey 2013.

5 Commonwealth of Australia. Medical Training Review Panel Seventeenth Report. Canberra: Commonwealth of Australia, 2014.

Respondent profile

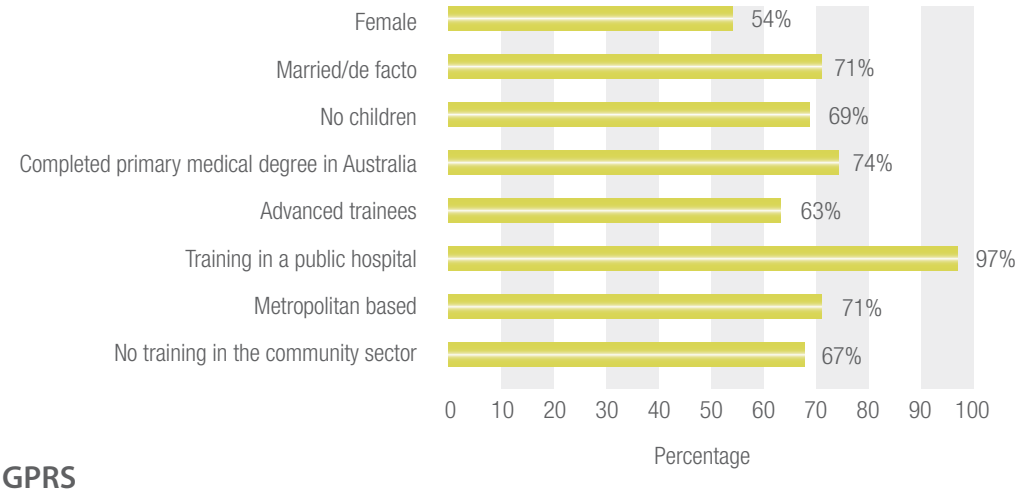
STS

Most respondents were enrolled in just one training program. However, a small number were enrolled in two or three. The most common training program for respondents was emergency medicine (27 per cent) followed by general paediatrics (10 per cent), anaesthetics (5 per cent), and psychiatry, intensive care medicine, and obstetrics and gynaecology (all at 4 per cent).

Just over half (54 per cent) of all hospital-based trainees who responded to the survey were female. The mean age was 34 years. More than two thirds (71 per cent) of trainees reported they were married or in a de facto relationship. Sixty-nine per cent indicated they had no children, with a further 15 per cent reporting one dependant, and 11 per cent, two dependants.

Three-quarters (74 per cent) of trainees had completed their primary medical degree in Australia. Almost two-thirds (63 per cent) were advanced trainees. Nine out of ten (91 per cent) were training full time. Almost all trainees (97 per cent) stated they were training in a public hospital. Seventy-one per cent reported their main location as metropolitan; two-thirds (67 per cent) of trainees who responded had not undertaken any training in the community sector.

STS Respondent profile



GPRS

Two-thirds (65 per cent) of the registrars who responded to the survey were female. The mean age was 32 years, with 69 per cent aged between 25-34 years. Two-thirds (66 per cent) of registrars indicated they were married or in a de facto relationship. Sixty per cent indicated they had no children, with a further 19 per cent reporting one dependant, and 15 per cent, two dependants.

More than three-quarters (85 per cent) of registrars were training full time. The vast majority were undertaking their training with the RACGP (86 per cent), with smaller numbers enrolled with the ACRRM (7 per cent), or enrolled in both programs (8 per cent). Just under two-thirds of registrars (60 per cent) who responded were undertaking training in a group practice, with 34 per cent training in a public hospital. Sixty per cent reported their main location of training as metropolitan/outer metropolitan, and 39 per cent as regional/rural.

The demographic profile of both STS and GPRS respondents correlate well with the profile of vocational trainees listed in the Medical Training Review Panel Seventeenth Report[5], and in the former AGPT Registrar Satisfaction Survey Report 2013.[6]

6 General Practice Education and Training (GPET) Limited. AGPT Registrar Satisfaction Survey. Canberra: GPET, 2013.

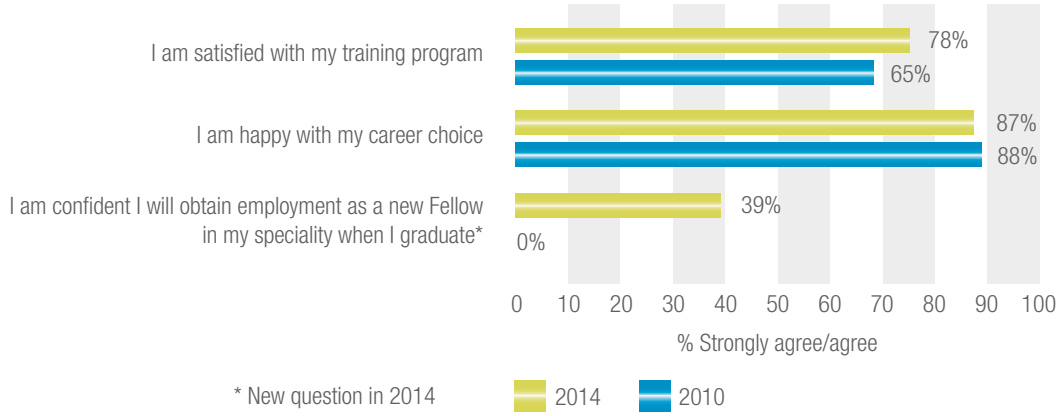
KEY FINDINGS

Overall satisfaction

Overall satisfaction with training programs and career choice influence trainee decisions about where they work, the hours they work, and whether they remain in medicine. This, in turn, influences medical workforce shortages and patient access to care. [7] The results are outlined in Figure 3.

Results

FIGURE 3 - Overall satisfaction



The vast majority of trainees continue to be satisfied with their training program (75 per cent) and career choice (87 per cent). However, fewer trainees are 'strongly' positive about their career choice than in 2010.

Only 39 per cent of trainees were confident about gaining employment as a new Fellow after completing their training. An almost equal number of trainees (32 per cent) were 'not sure' about their future employment prospects, and 29 per cent either disagreed or strongly disagreed with this statement. This was a new question in the 2014 survey.

7 Joyce CM, Schurer S, Scott S, Humphreys J, Kalb G. Australian doctors' satisfaction with their work: results from the MABEL longitudinal survey of doctors. Med J Aust 2011; 194 (1): 30-33. http://www.mja.com.au/public/issues/194_01_030111/joy11511_fm.html

Keys issues for trainees

It will become increasingly important to manage the career expectations and trajectories of DiTs. This is amid increasing competition for vocational training positions, questions about the capacity of training programs to provide an appropriate depth and breadth of clinical experience within expected timeframes, and a focus on correcting the supply and distribution of doctors, geographically and in some medical specialties.

The high number of trainees who are satisfied with their training and career pathways is testament to the quality of training provided by medical colleges in the face of increased workforce and training pressures since the last survey was conducted.

However, only a small number of trainees were confident about their future employment prospects. Managing 'exit block' from training is an emerging issue, and survey results are consistent with anecdotal reports from trainee groups that graduating Fellows in some specialties are finding it increasingly difficult to secure public and/or private appointments upon achieving specialist qualification.

Failure to ensure there are sufficient employment opportunities for new Fellows will effectively shift the bottleneck in the medical training pipeline, from the beginning to its end. Newly graduated Fellows who are forced to occupy senior registrar positions because of a lack of employment opportunities will block the training pipeline, and the capacity for vocational training within the health system will be compromised.

Areas for improvement

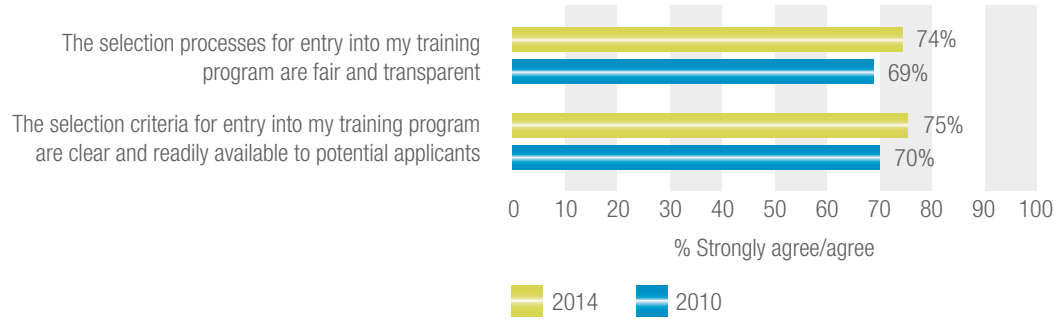
- More comprehensive career planning resources must be made available to medical students and junior doctors in order to better align expectations of future practice with likely workforce requirements and employment prospects.
- Further work must be done to understand the drivers of exit block and under-employment of graduating Fellows across a range of specialties and settings.

SELECTION PROCESSES

Selecting the best possible candidates for entry into specialty training is the key to assuring a highly qualified and well-trained medical workforce.[8] Entry requirements for vocational training commonly take into account a range of academic and vocational considerations and, in some instances, clinical and research pre-requisites. Trainee satisfaction with college selection processes is outlined in Figure 4.

Results

FIGURE 4 - Selection processes



Three out of four trainees (75 per cent) either agreed or strongly agreed that selection processes and selection criteria were fair, clear, and transparent, and readily available. This result is more positive than in 2010.

Key issues for trainees

The strong positive response to this question reflects the development of more transparent, structured, and consistent arrangements for trainee selection in accordance with the relevant AMC accreditation criteria. This is an encouraging result in light of the anxiety expressed by trainees in the past that selection criteria and processes were not explicit and/or relevant. However, one in four trainees still do not agree that selection in their training program is fair and transparent. This suggests there is still scope for training programs to improve their entry processes, with trainee feedback a major driver.

The rise in medical graduate numbers is likely to increase competition for training places in specialty training programs. Having access to clear and transparent information about entry requirements for vocational training programs will enable prevocational trainees to make informed decisions about their future careers. If one out of every four doctors feel entry requirements are not clear and readily available, there is still room for improvement in unambiguously communicating entry requirements to all trainees.

Areas for improvement

- Pre-requisites for vocational training programs should be published, and be explicit and achievable by prevocational trainees during routine prevocational training.
- Colleges should ensure that trainees are formally involved in decisions regarding entry processes and selection.

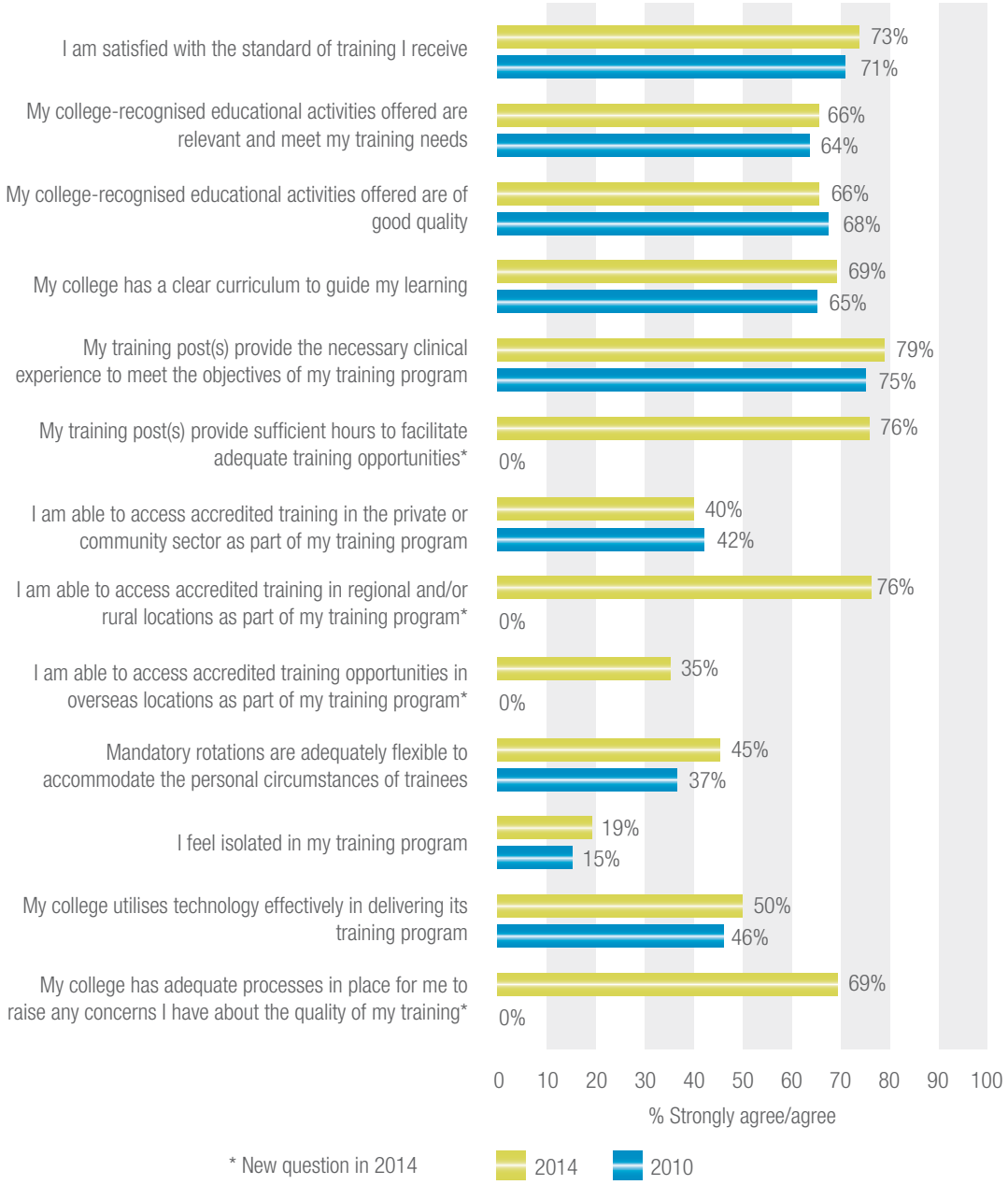
8 Commonwealth of Australia. Trainee Selection in Australian Medical Colleges. Canberra, 1998.

TRAINING & EDUCATION ACTIVITIES

Trainees must have access to high-quality training posts that offer a sufficient breadth and depth of experience, and enable trainees to acquire the skill level necessary for independent practice. Education and training must be a core function of public hospital services to achieve this and meet the future health workforce requirements of the community. Trainees responded to a range of statements in this area, as shown in Figure 5.

Results

FIGURE 5 - Training and education activities



Overall, trainees rated the quality of their training experience highly in terms of the standard of training and clinical experience, and were more positive about their training experience than in 2010.

Three-quarters of trainees (73 per cent) who responded were satisfied with the standard of training they received. There was reasonably strong approval for many aspects of training programs, with a number of statements achieving over 65 per cent agreement, including the quality of college educational activities, curriculum and clinical experience, access to sufficient training hours, support from the employer, and college processes to raise concerns about the quality of training. Three-quarters of trainees (76 per cent) reported they were able to access accredited training in regional and rural areas.

Trainees were less optimistic about access to accredited training in the private or community sector (40 per cent) and in overseas locations (35 per cent), flexibility in mandatory rotations (45 per cent), and the use of technology to deliver training (50 per cent). These statements also generated a high number of 'not sure' responses (ranging from 25-40 per cent).

Key issues for trainees

In the face of growing trainee numbers, and increasing pressure on State health department budgets, it is very encouraging that respondents feel they are getting appropriate clinical experience and exposure to sufficient training hours to complete their training. This is consistent with the results from a survey of procedural and non-procedural trainees conducted by the AMA in March 2014, which found that trainees are working sufficient hours to meet college and training requirements.

The large number of trainees able to access accredited training in regional and rural areas points to a change of attitude toward 'training in the bush', and college support for regional/rural rotations and career pathways. Specialist colleges generally offer trainees regional rotations overseen from metropolitan centres. However, trainees are increasingly interested in the development of specialist training positions based in regional hospitals, with the option of rotating in to metropolitan centres for further training.

By contrast, trainees are less positive about access to accredited training in private or community settings and/or overseas locations. The high 'not sure' response (30 per cent for access to training in private or community settings, and 41 per cent for overseas locations) suggests many trainees are either not engaged in this space, are unaware of what options are available to them, and/or how to access them.

This is surprising given the success of the Specialist Training Program (STP) in extending vocational training into private and community settings. However, while Australian junior doctors are heavily engaged in global health learning and networking activities, there is no defined training pathway, and opportunities for vocational trainees to undertake accredited rotations in resource-poor environments are limited.

Ongoing disquiet about flexibility in mandatory terms is indicative of the significant upheaval that some trainees go through to meet training requirements (which often mandate frequent moves between hospitals, towns and States). Although trainees are more positive about this than they were in 2010, a significant number of trainees remain concerned about the lack of progress in this area.

Areas for improvement

- Regional Training Networks (RTNs) should be established to bolster rural training opportunities, and provide a valuable and meaningful career pathway for junior doctors who want to work in regional and rural Australia.[9]
- All Australian governments should collaborate to create RTNs to maximise resources and expertise to produce a medical workforce of sufficient numbers to meet the future health needs of rural and regional Australian communities.
- Additional resources must be allocated to the STP to create additional vocational training posts in new settings in line with the anticipated medical workforce five year training plan.
- There is an opportunity for colleges to develop global health (GH) training curricula to produce doctors who are equipped to engage in regional health challenges in a global context.
- Colleges have a lead role to play in the design, support, and evaluation of opportunities for vocational trainees to undertake accredited rotations in resource-poor settings that are safe, effective, and ethically defensible.[10]
- Work-life flexibility could be improved by greater adherence by employers to the AMA's relevant position statements, including *Accommodation and Appointment Standards for Community Placements* [11] and *Workplace Facilities and Accommodation for Hospital Doctors.*[12]

9 Australian Medical Association. AMA Position Statement. Regional training networks 2014. Canberra: AMA, 2014.

10 Mitchell R, et al. Global health training and postgraduate medical education in Australia: the case for greater integration. Med J Aust 2013. 198 (6).

11 Australian Medical Association. AMA Position Statement. Accommodation and Appointment Standards for Community Placements 2007. Canberra: AMA, 2007.

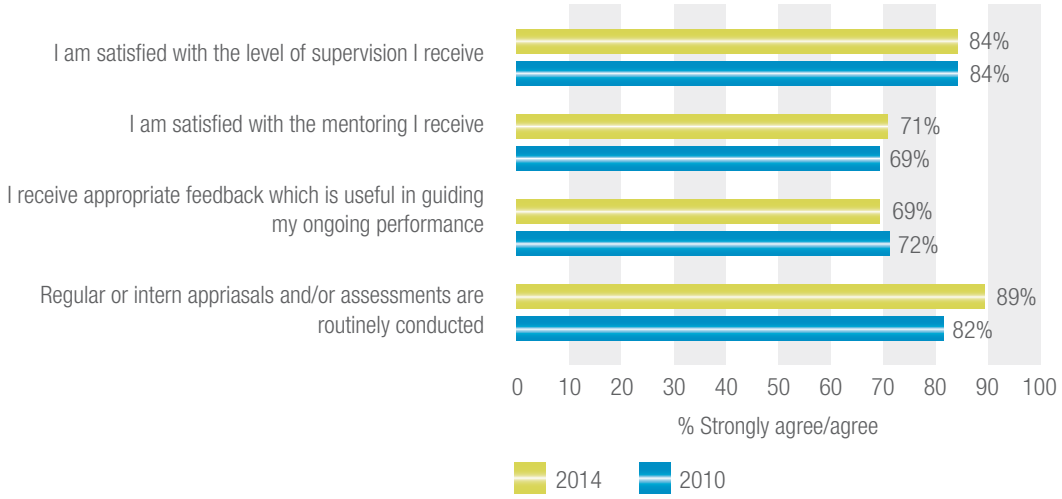
12 Australian Medical Association. AMA Position Statement. Workplace Facilities and Accommodation for Hospital Doctors 2006. Canberra: AMA, 2006.

SUPERVISION

Appropriate supervision is essential for patient safety and a quality training experience. Effective supervision assists in the development of medical professionalism, contributes to improved patient safety, better health outcomes, and faster acquisition of skills by trainees.[13] Trainees were asked to respond to a number of statements, as outlined in Figure 6.

Results

FIGURE 6 - Supervision



The majority of trainees were very satisfied with the level of supervision (84 per cent) and mentoring (71 per cent) they received; this is comparable to the 2010 STS. Similarly, trainees continue to be satisfied with the level of feedback they receive (69 per cent). Trainees feel more positive about the frequency of interim appraisal and/or assessment (89 per cent) than they did four years ago.

Key issues for trainees

The unique nature of, and high degree of certification involved in, medical education and training heightens the importance of high quality supervision, training, and assessment. In the face of increasing prevocational and vocational trainee numbers, the demands of service delivery, and ongoing funding pressures in public hospitals, it is reassuring that all aspects of supervision continue to receive strong approval. These results reflect the commitment that colleges and individual clinical supervisors have to trainees in their discipline.

The provision of innovative models of supervision, an increase in supervisor numbers, and increased supervisor support will be required to maintain the current high standard, as the number of vocational trainees continues to increase. The results of the 2014 STS also support mentoring as an adjunct to clinical supervision.

13 Forsyth, K. Critical importance of effective supervision in postgraduate medical education. Med J Aust 2009. 191 (4).

Areas for improvement

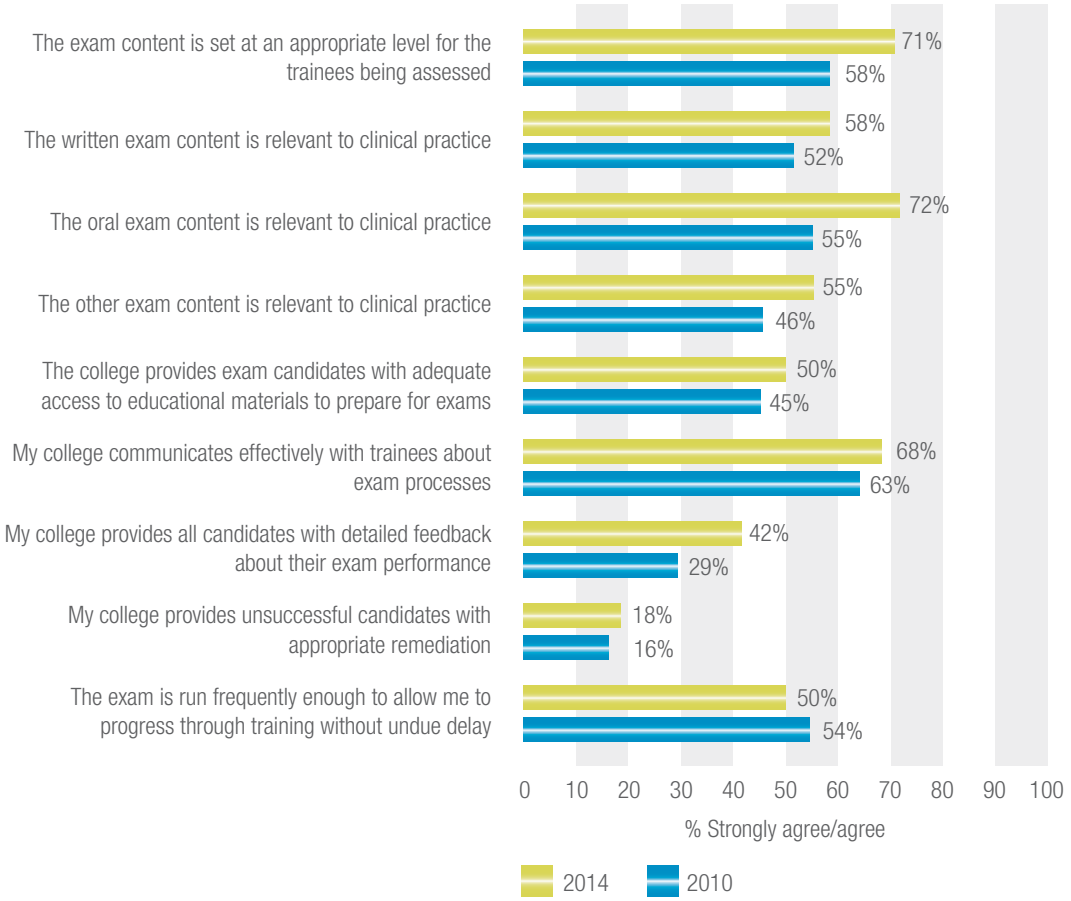
- Clinical supervision capacity must be expanded to ensure the high standard of medical education and training in Australia is to be maintained.
- Health systems must commit to providing the human and financial resources necessary to support and provide effective supervision.
- Employing hospitals can demonstrate a commitment to clinical supervision and training by giving greater recognition and support to the supervision and training roles undertaken by clinicians. This can be done by providing appropriate and transparent rewards and incentives. Critical to this commitment is the provision of protected teaching time, including time to prepare for teaching, maintaining teaching skills, or to personally supervising or reviewing the trainee.
- The development of a set of core competencies for clinical supervision and related key performance indicators should be explored to support quality outcomes in clinical supervision and training across the supervision pathway. Teaching competencies should be included in the professional development plans of all trainees.
- Colleges and other organisations are encouraged to develop processes for supporting the professional development of doctors who demonstrate an enthusiasm for mentoring.

ASSESSMENT & EXAMINATIONS

It is critical that workplace-based assessment processes, including examinations, are relevant to clinical practice, and provide feedback on the trainee's knowledge, clinical skills, professional qualities, and expertise for safe and competent practice at an appropriate level. Processes must be in place to enable the early identification of trainees who are under-performing, and for determining programs of remedial work transparently.[14] Figure 7 outlines trainee responses to a number of statements in this area.

Results

FIGURE 7 - Assessment & examinations



The majority of respondents felt that exam content was appropriate (71 per cent) and that the college communicated effectively with trainees about exam processes (68 per cent). Results were also more positive in 2014 with respect to the validity of oral examinations as an assessment tool. While trainees were more positive about the relevance of written and other exam content, and about access to educational materials to prepare for exams, only 50-60 per cent of trainees agreed with these statements.

14 Australian Medical Association. AMA Position Statement. Supervision and assessment of hospital based postgraduate medical trainees 2012. Canberra: AMA, 2012.

Similarly, while trainees were more positive about the feedback they received from colleges regarding exam performance, only 42 per cent agreed or strongly agreed with this statement in 2014. A further 30 per cent responded that they were 'not sure' to this statement.

Only 50 per cent of trainees felt the exam was run frequently enough to allow them to progress through training in a timely fashion; this response was less positive in 2014 compared to 2010.

An even smaller number (18 per cent) of trainees believe remediation processes for unsuccessful trainees were appropriate. Twenty-seven per cent of trainees disagreed/strongly disagreed with this statement, and a significant number (56 per cent) were 'not sure'.

Key issues for trainees

Over the past four years, a number of colleges have undergone changes to their curriculum and assessment processes. A more positive result to this section in 2014 indicates that, on the whole, colleges have managed and communicated these changes to trainees effectively, and are to be congratulated.

Trainees were generally satisfied with exam content and relevance to clinical practice. But the frequency with which exams are run, access to education materials to prepare for exams, feedback on exam performance, and appropriate remediation for unsuccessful candidates are still areas for further improvement.

A significant proportion of trainees was dissatisfied with post-exam feedback and remediation processes within their training program. While the number of positive responses has improved compared with 2010, this is an important area for training providers to focus efforts for improvement.

Areas for improvement

Colleges and training providers should:

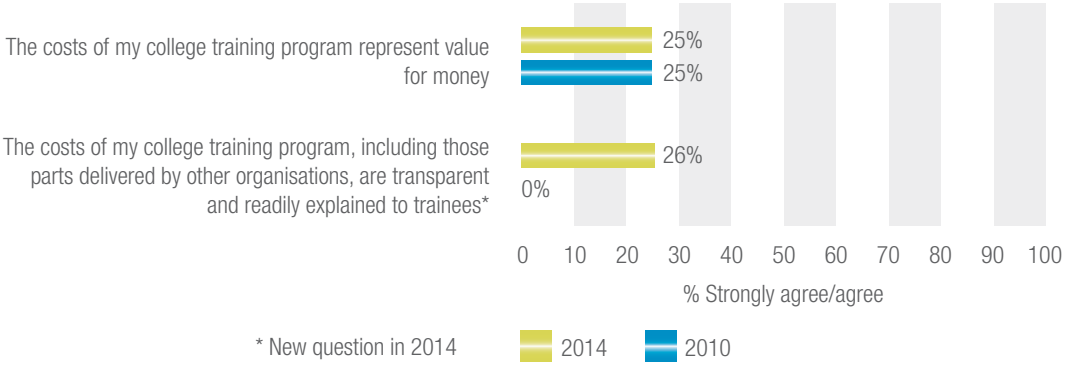
- continue to work to ensure assessment and examination processes are clinically relevant, and are communicated effectively to trainees;
- ensure sufficient preparatory tools are available to trainees in the lead-up to assessments;
- establish effective processes to provide all candidates with detailed feedback about their exam performance;
- have clear processes to enable trainee concerns with assessment and examination to be confidentially addressed, and allow for disputes and appeals to be managed in a timely manner; and
- strive to operate remediation and appeals processes that ensure natural justice, have clear processes and criteria, and seek to avoid the potential for litigation.[14]

COST

While there will always be expenses associated with the administration of training and assessment programs, costs to trainees should be reasonable and justifiable. Trainees were asked whether their program represented value for money, with responses in Figure 8.

Results

FIGURE 8 - Costs



Only 25 per cent of trainees thought that their training program represented value for money, and that the costs of training were transparent and made clear to trainees. This result has not changed since 2010. Just over half (55 per cent) of trainees who responded disagreed with these statements.

Key issues for trainees

There was a clear majority view that the costs of training programs did not represent value for money. This is a longstanding concern for trainees.

In work conducted by the AMA in 2013 to assess self-education expenses for the medical profession, the average cost for trainees in vocational training programs was $11,369 per annum.[15] The same survey revealed that 20 per cent of respondents had delayed or cancelled training requirements and educational activities because of the costs involved, and 14 per cent indicated that the costs involved in certain specialty training programs had affected or would affect their choice of the specialty training program. Recent work also indicates that cost is a significant determinant of specialty choice for trainees.[16]

15 Australian Medical Association. Submission in response to the Treasury Discussion Paper "Reform to deductions for education expenses". Canberra: AMA, 2013.

16 Scott A, Joyce CM. The future of medical careers. Med J Aust 2014; 201:2.

While the colleges have an undisputed right to set their own training fees, transparency of fee structures is a constant source of complaint from trainees, and trainees report feeling disenfranchised by poorly communicated and unexplained fee increases. It is disconcerting that trainees feel no more confident about the transparency associated with the costs of their training program than they did four years ago, despite mounting research that suggests the effect of study debt can be significant.[17]

Areas for improvement

- Colleges should evaluate the transparency of their fiscal arrangements, and actively demonstrate how training fees are apportioned. This could be achieved through the publication of a breakdown of the college training fee, and illustrating the rationale behind any fee increases.
- Fees charged to trainees should not be used to subsidise college activities unrelated to training.
- The AMC should review standards regarding the transparency of training costs as part of the review of accreditation standards for specialist medical education programs.

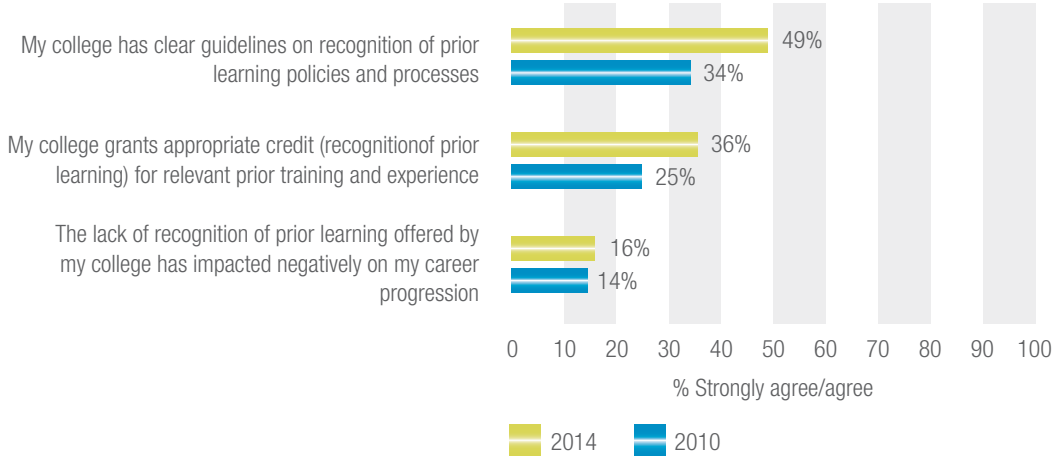
17 Scott A, Joyce C, Cheng T, Wang W. Medical career path decision-making: an Evidence Check rapid review brokered by the Sax Institute (http://www.saxinstitute.org.au) for the NSW Ministry of Health, 2013.

RECOGNITION OF PRIOR LEARNING

Recognition of prior learning (RPL) is fundamental to achieving efficient training. A lack of provision for RPL makes it difficult to allow trainees to change careers if required because of the time and costs involved in specialist training. This encourages retention in careers that no longer align with clinicians' desire for practice or, potentially community demand, and could shorten clinical careers. Respondents were given a series of statements on RPL, as detailed in Figure 9.

Results

FIGURE 9 - Recognition of prior learning



While respondents were more positive about their college's ability to adequately recognise prior learning in 2014, only 50 per cent indicated college policy and processes in relation to RPL were clear, and 36 per cent felt their college awarded sufficient credit for RPL. These statements also attracted a reasonably high share of 'not sure' responses (37 per cent and 41 per cent respectively).

By contrast, only a small number (16 per cent) of trainees agreed/strongly agreed that a lack of RPL had a negative impact on their career progression, with more than half (57 per cent) disagreeing/strongly disagreeing with this statement.

Key issues for trainees

In the past, a common theme among junior doctors has been that the ability to move between training pathways has been restricted by insufficient RPL. While respondents were more positive about their college's ability to adequately recognise prior learning in 2014, there are still large numbers of trainees who reported they were unaware of college policy and processes around RPL. This is despite many colleges having policies available on their website.

This result is disappointing, and suggests that there is more to do to better integrate medical training and to develop systems that adequately recognise prior learning at the vocational training level. Effective, well communicated and understood college processes for RPL will have positive implications for trainees and the health system by enabling training and service delivery to progress efficiently and effectively in line with community need.

A lack of RPL recognition was not seen as a negative for career progression. However, the diversity of the respondents may have disguised a smaller subset of trainees more affected by lack of RPL recognition than others.

Areas for improvement

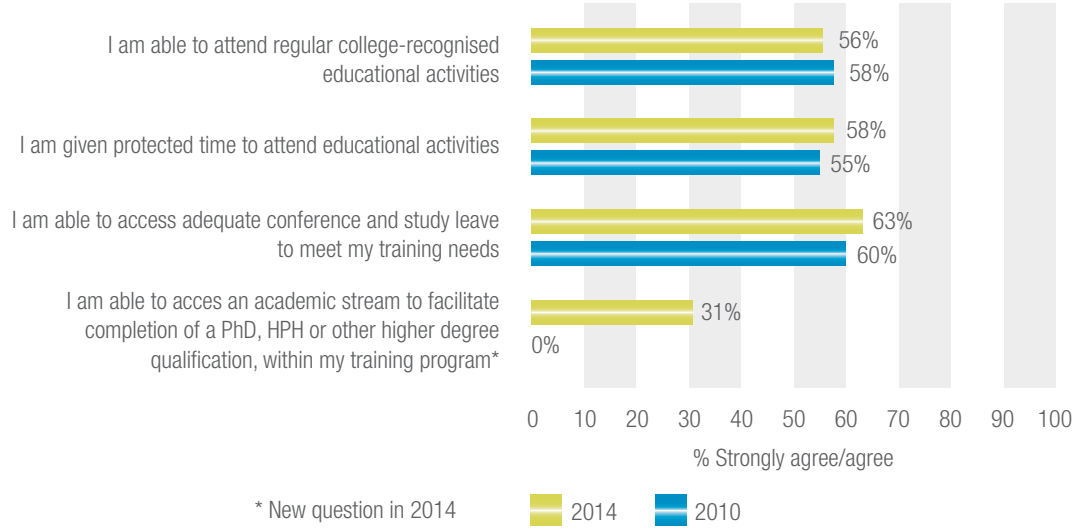
- Further work is needed to develop, promote, and communicate college policies on RPL to trainees. The promotion of RPL should include transparent criteria of eligibility, and examples of what is acceptable as prior learning.
- RPL policy should include information on training time that can be covered through acknowledging prior learning and a transparent outline of the cost involved for accrediting prior learning.
- The AMC should review standards regarding RPL processes as part of the review of accreditation standards for specialist medical education programs.

ENVIRONMENTAL

Ongoing knowledge and skill development requires regular continuing professional development, attendance at conferences, meetings and courses, and time outside of work to consolidate training. Most vocational training programs also require trainees to attend compulsory courses and meetings, necessitating access to leave. Workplace conditions and industrial entitlements can affect access to leave, and the quality of education and training. Access to educational activities was assessed, as per Figure 10.

Results

FIGURE 10 - Environmental



Between 55-60 per cent of trainees reported they were satisfied with their access to educational activities, conferences and study leave, and were given protected time to do so. Almost a third of trainees who responded (25-30 per cent) disagreed/strongly disagreed with these statements.

Only 31 per cent of trainees who responded reported that they were able to able to access an academic stream within their training program, with 46 per cent indicating they were 'not sure'.

Key issues for trainees

Conferences, workshops and seminars are essential in maintaining a skilled and talented workforce that is abreast of evidence-based practice, and the latest advances in medical science and technology. Trainees were only slightly more confident in 2014 about access to protected time to attend educational activities than in 2010. There was little change in their perceptions about their ability to access conference and study leave.

Under State and Territory industrial agreements, junior doctors are entitled to professional development leave. This is a fundamental component in fostering a professional and competent medical workforce. Professional associations such as the AMA have a role to play in educating junior doctors as to their entitlements and assisting them to access them. The AMA is active at a State and Territory level to ensure that appropriate provisions are included in DiT enterprise bargaining agreements and employment contracts. Ultimately, limiting access to educational activities, through poor access to professional development leave, will come at a cost to patient care.

Recent work suggests that academic research opportunities are an important determinant of specialty choice.[18] Creating opportunities for trainees to undertake targeted research will help them to develop research skills, improve the quality of academic work, and contribute to evidence-based clinical practice and improved patient care.

This survey highlights a major deficiency in current training pathways in regards to access to academic streams. The medical profession must build and support an articulated clinical academic pathway for medical students, trainees, senior doctors and existing clinical academics.

The medical profession can help to achieve this by developing a standardised academic training framework across medical colleges and universities to encourage and support trainees to undertake relevant and high-quality research.[19] A small number of colleges, including the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians, have recently established academic training frameworks.

Areas for improvement

- Provisions for protected non-clinical time and professional development leave should be seen as facilitators of a competent and professional medical workforce, and must be adequately reflected, firstly, in industrial agreements and, secondly, by hospital workforce staffing and leave arrangements.
- Federal and State governments, health departments, universities, medical colleges, and research institutes must work together to review current policies and support structures affecting clinical academic careers, and develop strategies to cultivate and retain a well-trained and skilled clinical academic workforce.[20]

18 Centre for research excellence in medical workforce dynamics. A fork in the road? A review of factors influencing medical career choices. Melbourne, 2014.

19 AMA 2012 Trainee Forum. 2012; Sydney, Australia.

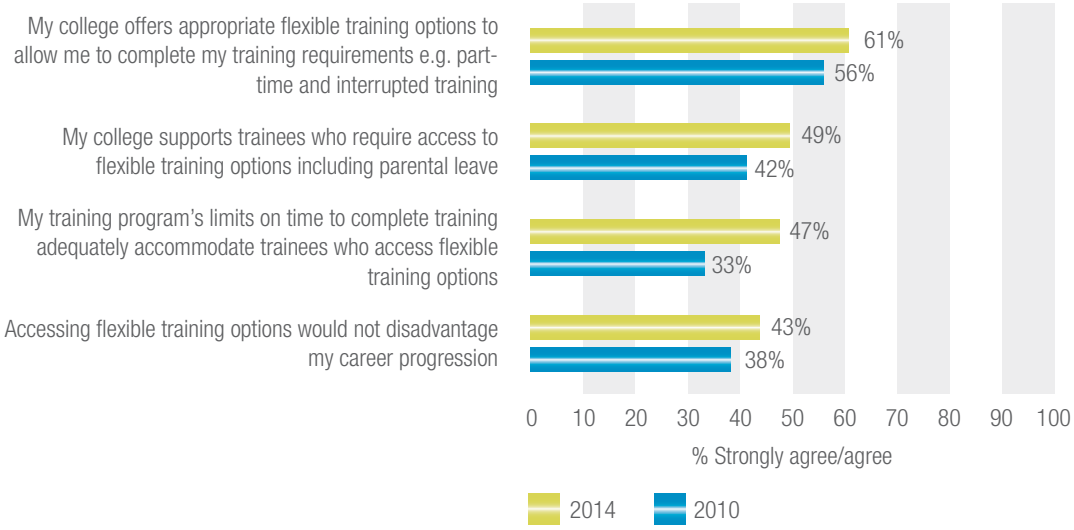
20 Australian Medical Association. AMA Position Statement. Clinical academic pathways in medicine 2013. Canberra: AMA, 2013.

FLEXIBILITY

The medical workforce in Australia is undergoing significant change, with an increasing proportion of female doctors, growing numbers of overseas-trained doctors, evolving technologies, and changing working environments.[21,22] Junior doctors entering vocational training are now seeking a more balanced lifestyle and flexible training options. Access to flexible work arrangements was assessed by the statements in Figure 11.

Results

FIGURE 11 - Flexibility



Trainees were more positive about access to flexible training options in 2014 than in 2010, with 61 per cent of trainees reporting that their college offered appropriate flexible training options. Approximately 50 per cent of trainees felt the college supported them in accessing flexible training options; 43 per cent felt that it would not disadvantage their career if they undertook part-time training. A significant number of trainees replied 'not sure' to these statements (ranging from 24 and 46 per cent).

21 Mahady SE. Adding flexibility to physician training. Med J Aust 2011; 194 (9): 460-462.

22 Brooks PM, Lapsley HM, Butt DB. Medical workforce issues in Australia: "tomorrow's doctors —too few, too far [letter]. *Med J Aust* 2003; 179 (10): 556.

Key issues for trainees

A more positive response to this question in 2014 indicates that colleges have systems in place that allow trainees to train part-time, subject to approval by their employer. The high number of 'not sure' responses to these statements suggests that while colleges may allow flexibility in training, and workplace policies on flexible employment arrangements do exist, they may not always be widely publicised.

Avoiding on-call work and having control over hours are some of the most important determinants of specialty career choice. Of the factors that are actionable through policy change, work experience and flexibility of hours are most highly rated by junior doctors when considering specialty choice.

Recent work suggests that major barriers to establishing flexible training positions include difficulty in finding job-share partners, a lack of funding for creating supernumerary positions, and concern over equivalence of educational quality compared with full time training.[23]

Some innovative solutions to job sharing are emerging, such as on-line part-time doctor portals, and could be replicated to improve performance in this area.

Areas for improvement

- Colleges should promote and explore further options for flexible training posts, such as flexible full time, job-share and part-time positions, with the option to pilot flexible training positions.

23 Mahady SE. Adding flexibility to physician training. *Med J Aust* 2011; 194 (9): 460-462.

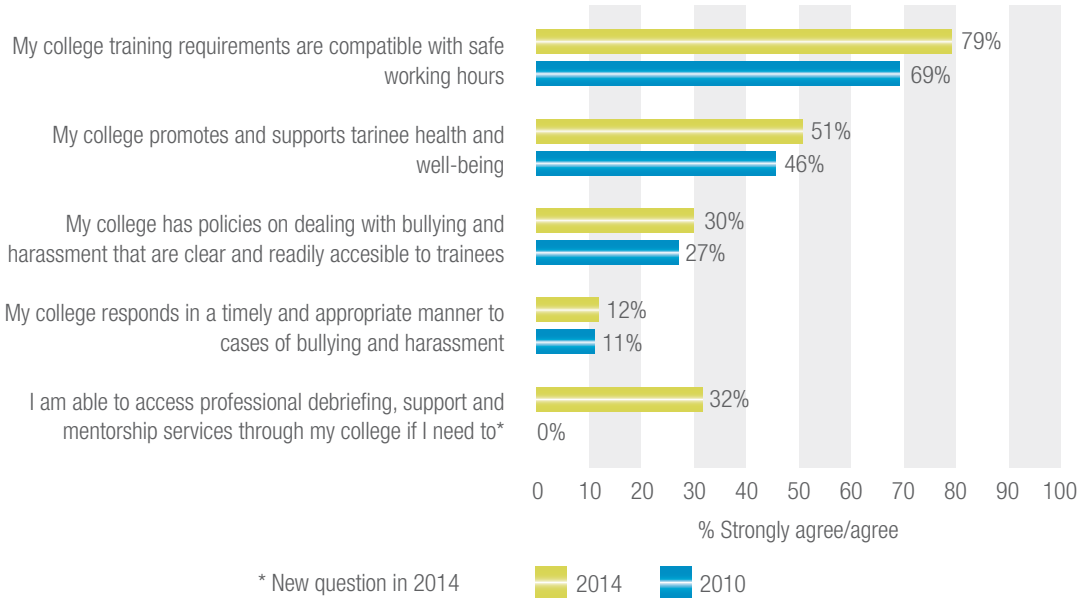
SAFE HOURS AND DOCTORS' HEALTH

Current evidence shows that excessive working hours and fatigue affect patient safety and, the health and wellbeing of doctors.[24, 25, 26] The *beyondblue* National Mental Health Survey of Doctors and Medical Students (2013) identified recurring challenges for doctors' health and wellbeing including stigma, the culture of medicine, workplace stress, and difficult training environments.[27]

There is a need to develop a sector-wide response to these issues to achieve systemic change and improve the mental health of all medical practitioners. Trainee perceptions of safe hours and doctors' health and wellbeing were assessed by the statements in Figure 12.

Results

FIGURE 12 - Safe hours and doctors' health



The majority of trainees (almost 80 per cent) strongly believed their training requirements were compatible with safe working hours. Pleasingly, this has increased since the 2010 survey.

24 Australian Council for Safety and Quality in Health Care and Australian Health Ministers' Conference. Safe staffing : discussion paper / Safety+Quality Council. Canberra: ACSQHC, 2003.

25 Ulmer C, Wolman DM, Johns MME, eds. Resident Duty Hours: Enhancing Sleep, Supervision, and Safety. Washington, DC: The National Academies Press: 2009.

26 Canadian Association of Internes and Residents. Position Paper on Resident Duty Hours. Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours. Ottawa: CAIR, 2012.

27 *beyondblue*. National Mental Health Survey of Doctors and Medical Students. Melbourne: beyondblue, 2013

While half of all trainees thought their college supported trainee health and wellbeing (51 per cent), just over one-quarter (28 per cent) were 'not sure'. Similarly, only one-third of trainees who responded said they could access professional debriefing, support, and mentorship services through their college if required, with 55 per cent of trainees reporting they were 'not sure'. This still represents a significant gap, with up to half of all trainees feeling either 'unsupported' or unaware of how to access professional support, debriefing, or mentoring services.

Only a third of trainees reported they were aware of college policies on bullying and harassment. More than half (55 per cent) indicated they were 'not sure' whether their college had policies on bullying and harassment. Even fewer (12 per cent) said that their college responded appropriately to cases of bullying and harassment, and a staggering 79 per cent of trainees reported they were 'not sure'.

Key issues for trainees

Almost 80 per cent of trainees believed their training requirements were compatible with safe working hours. This is consistent with the results of the AMA Safe Hours Audits,[28] which show that hours of work and levels of fatigue risk have come down over the past 10 years. More recent work suggests that procedural trainees are working a 60 hour week on average. This is consistent with safe working hours for procedural trainees.[29]

The AMA Code of Practice [30] is still used as a reference point for safe working hours and fatigue management. While it is still possible to work extended hours under the Code, the risk of fatigue can be minimised using a range of measures including appropriate shift patterns, rest breaks, and days off.

Likewise, while trainees are more positive in relation to efforts by the colleges to promote health and wellbeing, the survey shows there is clearly more to do in this area. The report of the *beyondblue* survey revealed a high level of psychological distress associated with the practice of medicine, and stigmatising attitudes regarding the performance of doctors with mental health conditions.

The report also identified a number of subgroups within the doctor population that could potentially benefit from additional support and education to improve their ability to cope with stress, to maintain positive psychological wellbeing, and to seek help and treatment when required.

Medical colleges have a key leadership role to play in developing policies, initiatives, and a professional culture that empowers better mental health and wellbeing for trainees and Fellows, and ensures that they have access to resources, support and health care when they need it. However, many prevocational doctors enter their training already at risk, as they are outside the governance structure of the training colleges, and beyond the internship year.

28 Australian Medical Association. AMA Safe Hours Audit 2011. Canberra: AMA, 2011.

29 Royal Australasian College of Surgeons .Appropriate Working Hours for Surgical Training in Australia and New Zealand. RACS, 2013.

30 Australian Medical Association. AMA's National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors. Canberra: AMA, 2005.

The outcomes statement from the AMA/*beyondblue* Mental Health Roundtable held in June 2014 provides a series of practical recommendations for colleges to implement change, including providing advice about how to recognise, and act on, mental illness in a colleague or family member, developing programs to improve resilience and coping mechanisms, and specific training and education workshops for supervisors and mentors on their roles and responsibilities, including modelling of positive mental health behaviours.[31]

The STS highlights that there is still a significant amount of work to be done to address bullying and harassment within the profession. Workplace bullying can occur at any level, but the combination of workload and training hours make junior doctors particularly vulnerable to stress and the negative effects of workplace bullying. Bullying and harassment in the workplace creates a poor learning environment due to the continued erosion of confidence, skills, and initiative of the doctor, and can create a negative attitude toward their chosen specialty.

Colleges have an important role to play in raising awareness of, and changing the culture of, bullying in the medical profession. Well-thought-out and publicised college policies in this area are important to foster a safe and healthy training environment, and maintaining appropriate standards of patient care.

Area for improvement

- Consideration should be given to introducing an accreditation standard to monitor college processes to support fatigue management (especially for procedural specialities), and trainee health and wellbeing. It is critical that colleges continue to have well defined and transparent processes to encourage safe working hours, and to promote trainee health and wellbeing.
- Colleges must develop and promote policies that outline processes to deter instances of bullying and harassment, clarify the responsibilities of staff/supervisors and employees, outline grievance, investigation of disciplinary procedures, and provide training for staff in recognising and dealing with instances of bullying and harassment.
- Colleges must provide trainees with access to appropriate professional debriefing, support, and mentorship services.
- The AMC should review standards regarding bullying and harassment policies and processes as part of the review of accreditation standards for specialist medical education programs.

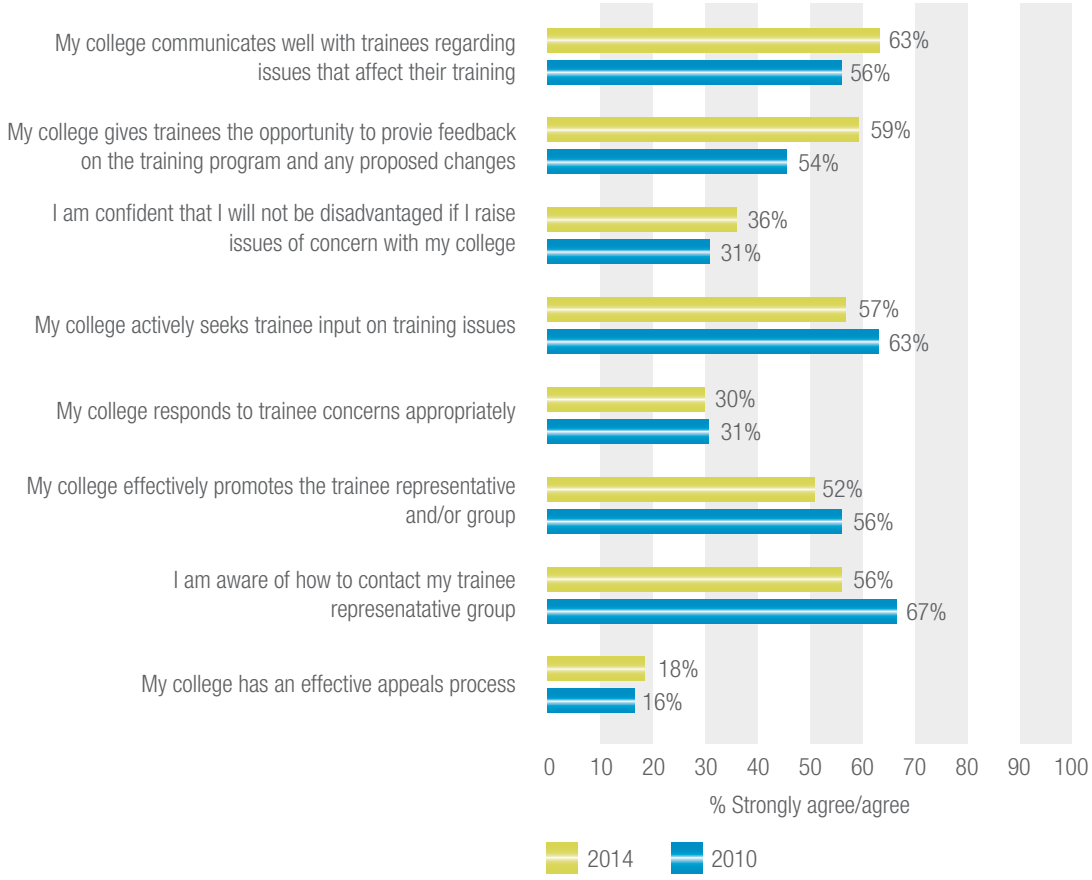
31 AMA/*beyondblue*. Developing an action plan to support the mental health of doctors and medical students: Summary and outcomes statement. Melbourne; 2014.

COMMUNICATION

The public benefits associated with trainee participation in key college decision-making processes are well documented,[32] and the AMC accreditation standards also require education providers to have in place formal processes and structures that facilitate and support the involvement of trainees in the governance of their training. Trainee views on college communication and governance structures and processes were evaluated by the statements in Figure 13.

Results

FIGURE 13 - Communication



In general, trainees in 2014 were more positive about college communication on training issues (63 per cent), and about the opportunity to provide feedback on training programs and any proposed changes (59 per cent).

32 Australian Competition & Consumer Commission and Australian Health Workforce Officials' Committee. Report to Australian Health Ministers. Review of Australian specialist medical colleges. Canberra, 2005.

Only 36 per cent of trainees felt they would not be disadvantaged if they raised issues of concern with the college, with a further 35 per cent indicating they were unsure. Similarly, only 30 per cent of trainees agreed/strongly agreed that their college responded appropriately to trainee concerns, with a further 50 per cent reporting they were unsure.

Trainees were significantly less confident about whether their college had an effective appeals process. Only 18 per cent agreed/strongly agreed with this statement, with a significant number (70 per cent) indicating they were unsure; this is similar to 2010.

Key issues for trainees

Trainees want to be involved in the governance of medical colleges, health services and relevant training organisations,[33] and would like to see trainee representation on governing bodies and on training-related committees of the colleges. The results of the survey suggest that more can be done to promote the existence, relevance, and role of trainee groups within colleges.

Over the past 18 months, the majority of the complaints fielded by the AMA from trainees were about college decision-making processes, particularly unexpected changes that had a substantial impact on trainees. This is by no means universal, as some colleges perform well in this regard and consult effectively with trainees, giving notice of changes and protecting existing trainees. Where colleges do this badly, however, they are perceived as operating with an apparent disregard for the rights, opinions, and views of trainees.

Of considerable concern is the less positive response to how well colleges responded to trainees concerns and the effectiveness of college appeal processes. This is a disconcerting result. It is vital that trainees do not fear recrimination for raising concerns about their training with the college. The quality of training will only improve if there are effective feedback mechanisms and processes to deal with this.

Areas for improvement

- Trainee involvement in the governance of medical colleges, health services, and relevant training organisations should be supported.
- Trainees should be represented on governing bodies and training related committees of medical colleges.
- Trainees in these positions should be assisted to develop their skills in corporate governance and leadership. Participation should be supported by the employing health service or practice.
- Clear processes must be in place to confidentially address student and trainee problems with assessment processes, and to provide for disputes and appeals in timely manner.
- The AMC should review standards regarding appeal processes as part of the review of accreditation standards for specialist medical education programs.

33 2013 AMA Trainee Forum. Sydney.

While some caution is needed in interpreting these results due to the small sample size, GP registrars were more positive than other specialties about many aspects of their training program – most notably employment prospects at the end of training, costs of training, health and wellbeing, access to flexible training options, relevance and quality of educational activities, and RPL.

GP registrars who responded reported they were most satisfied with:

- employment prospects at the end of training;
- satisfaction with career choice;
- communication with trainee group;
- compatibly of training requirements and safe hours; and
- quality of clinical experience and access to educational activities.

The findings on satisfaction with career choice and training program concord with the 2013 AGPT survey where 95 per cent were happy with their career choice and rated their training program 3.5 out of 5.6. As expected, GP registrars were more positive on questions about costs of training, given the significant Government funding for GP registrar training.

GP registrars were less satisfied with:

- remediation and appeals processes;
- exam content and processes for feedback on exam performance;
- access to accredited training overseas and in global health; and
- professional development leave provisions.

Key issues for GP registrars

GP registrars who responded hold a relatively positive view of their training experience, more so than their hospital-based colleagues. However, increasing GP registrar numbers may create an issue of access to accredited training positions for current and prospective trainees.

This survey was conducted prior to the 2014 Federal Budget announcements. It is likely that those announcements, and their implications for GP training, would have had a significant impact on GP registrar responses to the survey.

The major changes to general practice training announced in the Federal Budget included:

- the abolition of General Practice Education and Training (GPET), with some of its functions being moved to the Commonwealth Department of Health;
- the abolition of Regional Training Providers (RTPs), with their role being put out to a competitive tender process;
- the axing of the Prevocational GP Placements Program (PGPPP), which each year provided almost 1,000 junior doctors with valuable GP experience and services to communities, especially in rural areas; and
- the creation of an additional 300 first-year GP training places from 2015 onwards.

As a result, GP training is now in a state of flux. The proposed changes potentially take control and leadership of general practice training away from the profession. This risks fragmenting and reducing the quality of training in Australia, and has the potential to discourage junior doctors from choosing a career in general practice.

IMPLICATIONS FOR TRAINING

Overall, hospital-based specialist trainees responding to the 2014 STS reported a high level of satisfaction with work and training, and have a more positive view about their training experience than their colleagues four years ago.

Strengths

The 2014 STS revealed that colleges are performing well in many areas of vocational training.

Career choice, level of supervision, standard of training, clinical experience, and access to safe working hours are areas where trainees continue to have a high level of confidence.

Half of the statements attracted a more positive response in 2014, most notably in the areas of assessment and examinations, flexibility, recognition of prior learning, and effective use of technology.

While sampling errors for both the 2010 and 2014 STS are higher than expected, the more positive response to many of the statements in 2014 is widespread, and cannot be dismissed as a sampling error.

The ability to run two parallel surveys of hospital-based trainees and GP registrars provided valuable insight into these training environments. GP registrars appear to have a significantly more positive view of their training programs than other specialties.

GP registrars were more positive about many aspects of their training program, most notably employment prospects at the end of training, costs of training, health and wellbeing, access to flexible training options, relevance and quality of educational activities, and recognition of prior learning.

Areas for improvement

There were, however, significant areas of dissatisfaction in 2014. Responsiveness to cases of bullying and harassment, feedback, appeals and remediation processes, and the cost of training are ongoing issues for trainees. Trainees are also uncertain about how to access academic streams and accredited overseas rotations as part of their training program.

Four statements (8 per cent) attracted a less positive response in 2014. Significantly, these were in the areas of overall satisfaction with career choice (although overall satisfaction with this remained high), communication, and the timing of exams to enable trainees to progress through training.

The survey generated a large number of 'not sure' responses in the areas of college response to, and processes to deal with, bullying and harassment (79.7 per cent) appeals (70.7 per cent), remediation processes (55.8 per cent), and access to professional debriefing support and mentorship services (55.3 per cent). A 'not sure' response could indicate that trainees are not aware of policies and processes, fear recrimination if they raise concerns, or are not engaged. Clearly, these are areas that medical colleges need to review to ensure that trainees are adequately informed of opportunities and policies relevant to their training.

These results align with anecdotal evidence about the pervasive nature of bullying and harassment issues within the medical profession and the workplace, and the need for the profession and employers to implement further measures to address them.

‘TAKE HOME’ MESSAGES

Managing career expectations and supporting the health and welfare of trainees are two of the challenges confronting the profession in the future. Hospital-based trainees are concerned about future employment prospects, and this issue must be explored further and acted upon by the medical profession, governments, and workforce agencies.

Both surveys reinforce the imperative to maintain the quality of vocational training in the face of escalating trainee numbers, and a changing work and policy environment. A National Training Survey would be an excellent mechanism to monitor and inform the quality of training, having been successfully used for this purpose in the United Kingdom. This initiative needs to be addressed with some urgency given the rapid escalation in medical graduate numbers and the strain this is placing on the health system’s capacity to deliver quality training across the continuum of medical education.

The range of trainee surveys undertaken in Australia provides a bank of potential survey questions to construct a NTS. A single national survey also has the potential to reduce survey fatigue, replace the numerous fragmented surveys that currently exist, and provide the colleges and AMC with more timely and reliable data to inform training programs and the AMC accreditation processes.

Health Workforce Australia has been abolished at a time when new policies on workforce planning need to be developed. Maintaining the momentum around workforce planning must continue to ensure that medical graduates can access high-quality training positions, and that the future medical workforce is better matched to community need. This includes downstream planning for capacity to employ doctors when they have finished their specialist training.

Of great concern to the AMA is the future sustainability of a skilled general practice workforce for the nation following the changes to GP training announced in the 2014 Federal Budget. There is strong consensus among stakeholders that GP registrars must not be disadvantaged by these changes, that training program governance must be profession-led, and that the quality of general practice training must be preserved. The AMA is calling for GP training to have strong professional oversight through the existing GP colleges, and for the colleges to have an expanded role in GP training.

The AMC is currently undertaking a review of the accreditation standards for specialist medical education programs and professional development programs, due for completion during 2015, and implementation from 2016. Notwithstanding the limitations of its methodology, the STS provides information on trends in vocational training that are worthy of further exploration as part of the AMC’s review.

The results of this survey are also a useful aid for colleges and health services to reflect on their performance, measured against the AMC standards. It is hoped that this report will prompt relevant institutions to internally review their education and training policies, with a particular focus on the areas of trainee dissatisfaction.

Ultimately, the AMA hopes that this survey continues to assist the improvement of trainees’ experiences and the quality of Australia’s medical education system.

APPENDICES

Specialist Trainee Survey 2014 Results

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Weighted score 2014	Weighted score 2010
Selection processes							
The selection processes for entry into my training program are fair and transparent	16.0%	58.0%	13.4%	10.2%	2.4%	0.75	0.68
The selection criteria for entry into my training program are clear and readily available to potential applicants	20.7%	54.4%	12.2%	10.2%	2.6%	0.80	0.67
Training & educational activities							
I am satisfied with the standard of training I receive	14.0%	59.1%	10.2%	14.5%	2.2%	0.68	0.63
My college-recognised educational activities offered are relevant and meet my training needs	8.0%	57.7%	16.6%	14.6%	3.1%	0.53	0.46
My college-recognised educational activities offered are of good quality	9.1%	57.1%	19.4%	11.9%	2.4%	0.59	0.58
My college has a clear curriculum to guide my learning	13.1%	55.5%	14.7%	13.5%	3.1%	0.62	0.50
My training post(s) provide the necessary clinical experience to meet the objectives of my training program	18.4%	60.2%	10.3%	9.0%	2.1%	0.84	0.73
My training post(s) provide sufficient hours to facilitate adequate training opportunities	15.3%	60.8%	9.3%	11.4%	3.3%	0.73	NA
I am able to access accredited training in the private or community sector as part of my training program	6.7%	33.6%	31.0%	20.7%	8.1%	0.10	-0.01
I am able to access accredited training in regional and/or rural locations as part of my training program	21.8%	54.3%	11.9%	8.1%	4.0%	0.82	NA
I am able to access accredited training opportunities in overseas locations as part of my training program	5.0%	29.7%	40.7%	15.5%	9.1%	0.06	NA
Mandatory rotations are adequately flexible to accommodate the personal circumstances of trainees	7.6%	37.3%	24.1%	21.8%	9.3%	0.12	-0.09
I feel isolated in my training location	3.8%	15.1%	9.0%	52.8%	19.3%	-0.69	-0.76
My college utilises technology effectively in delivering its training program	5.5%	44.6%	22.3%	21.6%	6.0%	0.22	0.06

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Weighted score 2014	Weighted score 2010
Supervision							
I am satisfied with the level of supervision I receive	20.4%	63.2%	5.8%	9.3%	1.2%	0.92	0.91
I am satisfied with the mentoring I receive	16.9%	54.1%	10.5%	14.5%	4.0%	0.66	0.61
I receive appropriate feedback which is useful in guiding my ongoing performance	12.1%	62.5%	8.5%	14.0%	2.9%	0.67	0.67
Regular or interim appraisals and/or assessments are routinely conducted	21.0%	67.6%	4.1%	6.2%	1.0%	1.01	0.86
Assessment & examinations							
The exam content is set at an appropriate level for the trainees being assessed	8.1%	62.4%	18.1%	9.7%	1.7%	0.66	0.44
The written exam content is relevant to clinical practice	5.5%	52.3%	21.3%	16.6%	4.2%	0.38	0.24
The oral exam content is relevant to clinical practice	13.0%	59.2%	21.3%	5.5%	1.1%	0.78	0.52
The other exam content is relevant to clinical practice	5.8%	48.7%	38.9%	5.0%	1.6%	0.52	0.12
The college provides exam candidates with adequate access to educational materials to prepare for exams	7.5%	42.5%	19.1%	22.2%	8.8%	0.18	0.00
My college communicates effectively with trainees about exam processes	8.7%	59.2%	15.1%	12.7%	4.3%	0.55	0.46
My college provides all candidates with detailed feedback about their exam performance	4.3%	37.7%	29.9%	18.5%	9.7%	0.08	-0.27
My college provides unsuccessful candidates with appropriate remediation	1.9%	16.0%	55.8%	17.2%	9.0%	-0.15	-0.29
The exam is run frequently enough to allow me to progress through training without undue delay	6.4%	43.8%	14.6%	16.8%	18.4%	0.03	0.17
Costs							
The costs of my college training program represent value for money	2.6%	22.6%	18.6%	32.6%	23.6%	-0.52	-0.60
The costs of my college training program, including those parts delivered by other organisations, are transparent and readily explained to trainees	1.9%	23.8%	20.9%	31.3%	22.1%	-0.48	NA

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Weighted score 2014	Weighted score 2010
Recognition of prior learning							
My college has clear guidelines on recognition of prior learning policies and processes	3.3%	45.5%	36.6%	11.4%	3.3%	0.34	0.05
My college grants appropriate credit (recognition of prior learning) for relevant prior training and experience	3.0%	33.3%	40.8%	17.1%	5.9%	0.10	-0.18
The lack of recognition of prior learning offered by my college has impacted negatively on my career progression	4.0%	12.3%	27.2%	46.6%	9.9%	-0.46	-0.43
Environmental							
I am able to attend regular college-recognised educational activities	5.3%	50.6%	12.9%	26.0%	5.2%	0.25	0.22
I am given protected time to attend educational activities	10.4%	47.8%	9.8%	22.5%	9.5%	0.27	0.16
I am able to access adequate conference and study leave to meet my training needs	9.1%	53.6%	12.2%	18.1%	6.9%	0.40	0.31
I am able to access an academic stream to facilitate completion of a PhD, MPH or other higher degree qualification, within my training program	3.8%	26.9%	46.3%	17.4%	5.7%	0.06	NA
Flexibility							
My college offers appropriate flexible training options to allow me to complete my training requirements e.g. part-time and interrupted training	9.6%	51.4%	23.7%	10.5%	4.8%	0.51	0.34
My college supports trainees who require access to flexible training options including parental leave	7.8%	41.7%	36.1%	10.2%	4.2%	0.39	0.10
My training program's limits on time to complete training adequately accommodate trainees who access flexible training options	6.7%	39.8%	42.0%	8.7%	2.8%	0.39	0.04
Accessing flexible training options would not disadvantage my career progression	6.4%	36.6%	35.4%	15.3%	6.4%	0.21	0.04
Safe hours and doctor health							
My college training requirements are compatible with safe working hours	11.0%	68.3%	10.5%	8.2%	2.1%	0.78	0.52
My college promotes and supports trainee health and wellbeing	4.8%	46.0%	28.3%	17.3%	3.6%	0.31	0.18

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Weighted score 2014	Weighted score 2010
My college has policies on dealing with bullying and harassment that are clear and readily accessible to trainees	2.4%	28.0%	55.2%	9.6%	4.8%	0.14	0.06
My college responds in a timely and appropriate manner to cases of bullying and harassment	1.0%	11.0%	79.7%	4.0%	4.3%	0.01	-0.08
I am able to access professional debriefing, support and mentorship services through my college if I need to	2.6%	29.0%	55.3%	9.3%	3.8%	0.17	NA
Communication							
My college communicates well with trainees regarding issues that affect their training	6.7%	55.9%	14.8%	17.5%	5.1%	0.42	0.26
My college gives trainees the opportunity to provide feedback on the training program and any proposed changes	5.7%	53.5%	20.2%	16.5%	4.1%	0.40	0.29
I am confident that I will not be disadvantaged if I raise issues of concern with my college	4.5%	31.2%	35.2%	19.7%	9.4%	0.02	-0.08
My college actively seeks trainee input on training issues	5.2%	51.8%	25.0%	13.1%	5.3%	0.38	0.50
My college responds to trainee concerns appropriately	2.1%	27.7%	49.9%	14.1%	5.2%	0.07	0.03
My college effectively promotes the trainee representative and/or group	6.0%	45.3%	30.7%	15.2%	2.4%	0.38	0.45
I am aware of how to contact my trainee representative group	8.0%	48.5%	19.2%	21.0%	4.0%	0.35	0.55
My college has an effective appeals process	1.5%	16.0%	70.7%	7.1%	4.6%	0.03	-0.06
Overall							
I am satisfied with my training program	9.2%	65.9%	10.4%	11.9%	3.1%	0.66	0.59
I am happy with my career choice	36.7%	49.5%	9.3%	2.9%	0.7%	1.20	1.32
I am confident I will obtain employment as a new Fellow in my specialty when I graduate	12.7%	26.5%	31.8%	20.0%	9.0%	0.14	NA

SPECIALIST TRAINEE SURVEY 2014: COMPARISON WITH 2010 RESULTS

For the purposes of this report, results have been expressed as:

- The percentage of those in agreement or strong agreement.
- A weighted average score.

The weighted average score (WAS) is based on a 'vote value' where strongly agree equals 1.0, agree equals 0.5, not sure equals 0.0, disagree equals minus 0.5 and strongly disagree equals minus 1.0. It is determined by dividing the cumulative vote value by the number of respondents. The WAS, therefore, theoretically ranges from 1.0 if 100 per cent of respondents strongly agree to minus 1.0 if 100 per cent of respondents strongly disagree.

Specialist trainees responding to the 2014 survey have taken a more positive view on most issues when compared with the corresponding responses to the 2010 survey.

Statistically, of the 57 training program questions asked in 2014, there were 50 which were identical, or close to identical, in 2010. Of the 50 "common questions":

- 25 (50%) attracted a more ***positive response*** in 2014 compared to 2010;
- 21 (42%) attracted responses in 2014 that were not materially different compared to 2010; and
- 4 (8%) attracted a ***less positive*** response in 2014 compared to 2010.

The borderline between "not materially different" and "more positive" or "less positive" is necessarily somewhat subjective. Where the weighted average score varied by less than 0.10, I rated the responses as "not materially different".

Both the 2010 and 2014 surveys attracted less than 600 responses. While sampling errors are higher than anticipated, the more positive response is so pervasive it would be foolish to dismiss it as sampling error.

Areas of notable improvement in 2014 compared with 2010 were:

- ***Assessment and examinations*** (7 out of 9 common questions more positive in 2014);
- ***Flexibility*** (all 4 common questions more positive in 2014);
- ***Safe hours*** (question 42);
- ***Recognition of prior learning*** (questions 31 and 32); and
- ***Effective use of technology by the college*** (question 14).

The attached table compares all common questions for 2014 and 2010.

Specialist Trainee Survey 2014: Comparison with 2010 Results

Part 1: Demographics

	2010	2014
Number of respondents	520	583
Percentage of respondents at advanced level	59%	63%
Percentage of respondents who are female	48%	54%
Percentage of respondents who are full time	91%	91%

Part 2: Training program questions

		% agree/strongly agree		Weighted score			
		2010	2014	2010	2014	Change	Comment
Selection processes							
1	The selection processes for entry into my training program are fair and transparent	69%	74%	0.68	0.75	0.07	No material change
2	The selection criteria for entry into my training program are clear and readily available to potential applicants	70%	75%	0.67	0.80	0.13	More positive in 2014
Training & educational activities							
3	I am satisfied with the standard of training I receive	71%	73%	0.63	0.68	0.05	No material change
4	My college-recognised educational activities offered are relevant and meet my training needs	64%	66%	0.46	0.53	0.07	No material change
5	My college-recognised educational activities offered are of good quality	68%	66%	0.58	0.59	0.01	No material change
6	My college has a clear curriculum to guide my learning	65%	69%	0.50	0.62	0.12	More positive in 2014
7	My training post(s) provide the necessary clinical experience to meet the objectives of my training program	75%	79%	0.73	0.84	0.11	More positive in 2014
8	My training post(s) provide sufficient hours to facilitate adequate training opportunities	NA	76%	NA	0.73		No material change
9	I am able to access accredited training in the private or community sector as part of my training program	42%	40%	-0.01	0.10	0.11	More positive in 2014
10	I am able to access accredited training in regional and/or rural locations as part of my training program	NA	76%	NA	0.82		
11	I am able to access accredited training opportunities in overseas locations as part of my training program	NA	35%	NA	0.06		

		% agree/strongly agree		Weighted score			
		2010	2014	2010	2014	Change	Comment
12	Mandatory rotations are adequately flexible to accommodate the personal circumstances of trainees	37%	45%	-0.09	0.12	0.21	More positive in 2014
13	I feel isolated in my training location	15%	19%	-0.76	-0.69	0.07	No material change
14	My college utilises technology effectively in delivering its training program	46%	50%	0.06	0.22	0.16	More positive in 2014
15	My college has adequate processes in place for me to raise any concerns I have about the quality of my training	NA	69%	NA	0.62		
Supervision							
16	I am satisfied with the level of supervision I receive	84%	84%	0.91	0.92	0.01	No material change
17	I am satisfied with the mentoring I receive	69%	71%	0.61	0.66	0.05	No material change
18	I receive appropriate feedback which is useful in guiding my ongoing performance	72%	69%	0.67	0.62	-0.05	No material change
19	Regular or interim appraisals and/or assessments are routinely conducted	82%	89%	0.86	1.01	0.15	More positive in 2014
Assessment & examinations							
20	The exam content is set at an appropriate level for the trainees being assessed	58%	71%	0.44	0.66	0.22	More positive in 2014
21	The written exam content is relevant to clinical practice	52%	58%	0.24	0.38	0.14	More positive in 2014
22	The oral exam content is relevant to clinical practice	55%	72%	0.52	0.78	0.26	More positive in 2014
23	The other exam content is relevant to clinical practice	46%	55%	0.12	0.52	0.40	More positive in 2014
24	The college provides exam candidates with adequate access to educational materials to prepare for exams	45%	50%	0.00	0.18	0.18	More positive in 2014
25	My college communicates effectively with trainees about exam processes	63%	68%	0.46	0.55	0.09	No material change
26	My college provides all candidates with detailed feedback about their exam performance	29%	42%	-0.27	0.08	0.35	More positive in 2014
27	My college provides unsuccessful candidates with appropriate remediation	16%	18%	-0.29	-0.15	0.14	More positive in 2014
28	The exam is run frequently enough to allow me to progress through training without undue delay	54%	50%	0.17	0.03	-0.14	Less positive in 2014

		% agree/strongly agree		Weighted score			
		2010	2014	2010	2014	Change	Comment
Costs							
29	The costs of my college training program represent value for money	23%	25%	-0.60	-0.52	0.08	No material change
30	The costs of my college training program, including those parts delivered by other organisations, are transparent and readily explained to trainees	NA	26%	NA	-0.48		
Recognition of prior learning							
31	My college has clear guidelines on recognition of prior learning policies and processes	34%	49%	0.05	0.34	0.29	More positive in 2014
32	My college grants appropriate credit (recognition of prior learning) for relevant prior training and experience	25%	36%	-0.18	0.10	0.28	More positive in 2014
33	The lack of recognition of prior learning offered by my college has impacted negatively on my career progression	14%	16%	-0.43	-0.46	-0.03	No material change
Environmental							
34	I am able to attend regular college-recognised educational activities	58%	56%	0.22	0.25	0.03	No material change
35	I am given protected time to attend educational activities	55%	58%	0.16	0.27	0.11	More positive in 2014
36	I am able to access adequate conference and study leave to meet my training needs	60%	63%	0.31	0.40	0.09	No material change
37	I am able to access an academic stream to facilitate completion of a PhD, MPH or other higher degree qualification, within my training program	NA	31%	NA	0.06		
Flexibility							
38	My college offers appropriate flexible training options to allow me to complete my training requirements e.g. part-time and interrupted training	56%	61%	0.34	0.51	0.17	More positive in 2014
39	My college supports trainees who require access to flexible training options including parental leave	42%	49%	0.10	0.39	0.29	More positive in 2014
40	My training program's limits on time to complete training adequately accommodate trainees who access flexible training options	33%	47%	0.04	0.39	0.35	More positive in 2014
41	Accessing flexible training options would not disadvantage my career progression	38%	43%	0.04	0.21	0.17	More positive in 2014

		% agree/strongly agree		Weighted score			
		2010	2014	2010	2014	Change	Comment
Safe hours and doctor health							
42	My college training requirements are compatible with safe working hours	69%	79%	0.52	0.78	0.26	More positive in 2014
43	My college promotes and supports trainee health and wellbeing	46%	51%	0.18	0.31	0.13	More positive in 2014
44	My college has policies on dealing with bullying and harassment that are clear and readily accessible to trainees	27%	30%	0.06	0.14	0.08	No material change
45	My college responds in a timely and appropriate manner to cases of bullying and harassment	11%	12%	-0.08	0.01	0.09	No material change
46	I am able to access professional debriefing, support and mentorship services through my college if I need to	NA	32%	NA	0.17		
Communication							
47	My college communicates well with trainees regarding issues that affect their training	56%	63%	0.26	0.42	0.16	More positive in 2014
48	My college gives trainees the opportunity to provide feedback on the training program and any proposed changes	54%	59%	0.29	0.40	0.11	More positive in 2014
49	I am confident that I will not be disadvantaged if I raise issues of concern with my college	31%	36%	-0.08	0.02	0.10	No material change
50	My college actively seeks trainee input on training issues	63%	57%	0.50	0.38	-0.12	Less positive in 2014
51	My college responds to trainee concerns appropriately	31%	30%	0.03	0.07	0.04	No material change
52	My college effectively promotes the trainee representative and/or group	56%	52%	0.45	0.38	-0.07	No material change
53	I am aware of how to contact my trainee representative group	67%	56%	0.55	0.35	-0.20	Less positive in 2014
54	My college has an effective appeals process	16%	18%	-0.06	0.03	0.09	No material change
Overall							
55	I am satisfied with my training program	68%	75%	0.59	0.66	0.07	No material change
56	I am happy with my career choice	88%	87%	1.32	1.20	-0.12	Less positive in 2014
57	I am confident I will obtain employment as a new Fellow in my specialty when I graduate	NA	39%	NA	0.14		

GENERAL PRACTICE REGISTRAR SURVEY 2014 RESULTS

For the purposes of this report, results have been expressed as:

- The percentage of those in agreement or strong agreement.
- A weighted average score.

The weighted average score (WAS) is based on a 'vote value' where strongly agree equals 1.0, agree equals 0.5, not sure equals 0.0, disagree equals minus 0.5 and strongly disagree equals minus 1.0. It is determined by dividing the cumulative vote value by the number of respondents. The WAS, therefore, theoretically ranges from 1.0 if 100 per cent of respondents strongly agree to minus 1.0 if 100 per cent of respondents strongly disagree.

At face value, GP registrars have a significantly more positive view of their training programs than the other specialties.

GP registrars were asked 56 questions which were expressed in identical or very similar terms to the corresponding questions in the STS survey (the STS survey included an additional question which was not asked of the GP registrars). Of the 56 "common questions":

- GP registrars gave a ***more positive*** response to 45 of the questions;
- 5 of the questions attracted responses which were not materially different as between GPRS and STS; and
- GP registrars gave a ***less positive*** response to 6 of the questions.

The borderline between "not materially different" and "more positive" or "less positive" is necessarily somewhat subjective. Where the weighted average score varied by less than 0.10, I rated the responses as "not materially different".

GP trainees were less positive on Question 9 (training in regional and rural areas). That may be explained by a difference in expectations. It is to be expected that GP registrars were less positive on Question 10 (training overseas).

It was also expected that GP registrars were more positive on the two questions about costs of training (28 and 29). There is significant budget funding for GP training.

Three of the less positive responses by GP registrars arose in relation to assessment and examinations. Otherwise, in questions relating to the performance of the colleges, GP registrars were more positive.

The final question in each survey related to confidence as to employment as a new Fellow upon graduation. GP registrars gave a starkly more positive response to that question.

General Practice Registrar Survey 2014: Comparison with STS Results

Part 1: Demographics

	GPRS	STS
Number of respondents	120	583
Percentage of respondents who are female	65%	54%
Percentage of respondents who are full time	85%	91%

Part 2: Training program questions

		% agree/strongly agree		Weighted score			
		GPRS	STS	GPRS	STS	Diff	Comment
Selection processes							
1	The selection processes for entry into my training program are fair and transparent	82%	74%	0.94	0.75	0.19	GPRS more positive
2	The selection criteria for entry into my training program are clear and readily available to potential applicants	81%	75%	1.00	0.80	0.20	GPRS more positive
Training & educational activities							
3	I am satisfied with the standard of training I receive	86%	73%	1.03	0.68	0.35	GPRS more positive
4	My college-recognised educational activities offered are relevant and meet my training needs	87%	66%	1.17	0.53	0.64	GPRS more positive
5	My college-recognised educational activities offered are of good quality	89%	66%	1.22	0.59	0.63	GPRS more positive
6	My college has a clear curriculum to guide my learning	67%	69%	0.75	0.62	0.13	GPRS more positive
7	My training post(s) provide the necessary clinical experience to meet the objectives of my training program	90%	79%	1.18	0.84	0.34	GPRS more positive
8	My training post(s) provide sufficient hours to facilitate adequate training opportunities	88%	76%	1.17	0.73	0.43	GPRS more positive
9	I am able to access accredited training in regional and/or rural locations as part of my training program	49%	76%	0.09	0.82	-0.73	GPRS less positive
10	I am able to access accredited training opportunities in overseas locations as part of my training program	10%	35%	-0.28	0.06	-0.33	GPRS less positive
11	Mandatory rotations are adequately flexible to accommodate the personal circumstances of trainees	62%	45%	0.63	0.12	0.51	GPRS more positive
12	I feel isolated in my training location	22%	19%	-0.69	-0.69	0.00	No material difference

		% agree/strongly agree		Weighted score			
		GPRS	STS	GPRS	STS	Diff	Comment
13	My college utilises technology effectively in delivering its training program	77%	50%	0.83	0.22	0.61	GPRS more positive
14	My college has adequate processes in place for me to raise any concerns I have about the quality of my training	77%	69%	0.89	0.62	0.27	GPRS more positive
Supervision							
15	I am satisfied with the level of supervision I receive	85%	84%	1.03	0.92	0.10	GPRS more positive
16	I am satisfied with the mentoring I receive	81%	71%	0.93	0.66	0.28	GPRS more positive
17	I receive appropriate feedback which is useful in guiding my ongoing performance	75%	69%	0.81	0.62	0.19	GPRS more positive
18	Regular or interim appraisals and/or assessments are routinely conducted	83%	89%	1.00	1.01	-0.01	No material difference
Assessment & examinations							
19	The exam content is set at an appropriate level for the trainees being assessed	33%	71%	0.29	0.66	-0.36	GPRS less positive
20	The written exam content is relevant to clinical practice	33%	58%	0.29	0.38	-0.10	No material difference
21	The oral exam content is relevant to clinical practice	34%	72%	0.43	0.78	-0.35	GPRS less positive
22	The other exam content is relevant to clinical practice	30%	55%	0.33	0.52	-0.19	GPRS less positive
23	The college provides exam candidates with adequate access to educational materials to prepare for exams	50%	50%	0.46	0.18	0.28	GPRS more positive
24	My college communicates effectively with trainees about exam processes	53%	68%	0.54	0.55	-0.01	No material difference
25	My college provides all candidates with detailed feedback about their exam performance	18%	42%	0.04	0.08	-0.04	No material difference
26	My college provides unsuccessful candidates with appropriate remediation	14%	18%	0.10	-0.15	0.25	GPRS more positive
27	The exam is run frequently enough to allow me to progress through training without undue delay	62%	50%	0.66	0.03	0.63	GPRS more positive
Costs							
28	The costs of my college training program represent value for money	68%	25%	0.74	-0.52	1.26	GPRS more positive

		% agree/strongly agree		Weighted score			
		GPRS	STS	GPRS	STS	Diff	Comment
29	The costs of my college training program, including those parts delivered by other organisations, are transparent and readily explained to trainees	55%	26%	0.49	-0.48	0.97	GPRS more positive
Recognition of prior learning							
30	My college has clear guidelines on recognition of prior learning policies and processes	78%	49%	0.84	0.34	0.50	GPRS more positive
31	My college grants appropriate credit (recognition of prior learning) for relevant prior training and experience	68%	36%	0.70	0.10	0.60	GPRS more positive
32	The lack of recognition of prior learning offered by my college has impacted negatively on my career progression	13%	16%	-0.63	-0.46	0.16	GPRS more positive
Environmental							
33	I am able to attend regular college-recognised educational activities	90%	56%	1.10	0.25	0.85	GPRS more positive
34	I am given protected time to attend educational activities	84%	58%	0.84	0.27	0.57	GPRS more positive
35	I am able to access adequate conference and study leave to meet my training needs	50%	63%	0.28	0.40	-0.12	GPRS less positive
36	I am able to access an academic stream to facilitate completion of a PhD, MPH or other higher degree qualification, within my training program	37%	31%	36%	0.06	0.30	GPRS more positive
Flexibility							
37	My college offers appropriate flexible training options to allow me to complete my training requirements e.g. part-time and interrupted training	88%	61%	1.20	0.51	0.69	GPRS more positive
38	My college supports trainees who require access to flexible training options including parental leave	73%	49%	0.98	0.39	0.59	GPRS more positive
39	My training program's limits on time to complete training adequately accommodate trainees who access flexible training options	67%	47%	0.83	0.39	0.44	GPRS more positive
40	Accessing flexible training options would not disadvantage my career progression	70%	43%	0.89	0.21	0.68	GPRS more positive
Safe hours and doctor health							

		% agree/strongly agree		Weighted score			
		GPRS	STS	GPRS	STS	Diff	Comment
41	My college training requirements are compatible with safe working hours	91%	79%	1.21	0.78	0.43	GPRS more positive
42	My college promotes and supports trainee health and wellbeing	86%	51%	1.09	0.31	0.78	GPRS more positive
43	My college has policies on dealing with bullying and harassment that are clear and readily accessible to trainees	52%	30%	0.50	0.14	0.36	GPRS more positive
44	My college responds in a timely and appropriate manner to cases of bullying and harassment	36%	12%	0.39	0.01	0.39	GPRS more positive
45	I am able to access professional debriefing, support and mentorship services through my college if I need to	68%	32%	0.80	0.17	0.63	GPRS more positive
Communication							
46	My college communicates well with trainees regarding issues that affect their training	78%	63%	0.89	0.42	0.47	GPRS more positive
47	My college gives trainees the opportunity to provide feedback on the training program and any proposed changes	82%	59%	0.96	0.40	0.56	GPRS more positive
48	I am confident that I will not be disadvantaged if I raise issues of concern with my college	61%	36%	0.60	0.02	0.58	GPRS more positive
49	My college actively seeks trainee input on training issues	74%	57%	0.81	0.38	0.42	GPRS more positive
50	My college responds to trainee concerns appropriately	64%	30%	0.68	0.07	0.60	GPRS more positive
51	My college effectively promotes the trainee representative and/or group	85%	52%	0.97	0.38	0.60	GPRS more positive
52	I am aware of how to contact my trainee representative group	92%	56%	1.17	0.35	0.82	GPRS more positive
53	My college has an effective appeals process	35%	18%	0.40	0.03	0.38	GPRS more positive
Overall							
54	I am satisfied with my training program	92%	75%	1.16	0.66	0.50	GPRS more positive
55	I am happy with my career choice	89%	87%	1.33	1.20	0.13	GPRS more positive
56	I am confident I will obtain employment as a new Fellow in my specialty when I graduate	93%	39%	1.43	0.14	1.29	GPRS more positive

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