



The Royal
Australian &
New Zealand
College of
Psychiatrists



Training Exit Survey

RANZCP Fellowship Program

2023





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Introduction and Background

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) conducts regular surveys to obtain data from Trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program on their learning experiences and perceptions of the training they received.

The RANZCP Exit Survey has been introduced as a replacement for the Admission to Fellowship Survey, which was administered by the College from 2011 to 2016 and ceased due to the implementation of the 2012 Fellowship program.

The survey aims to gather information to assist the Education Committee (EC) and its constituent committees in the ongoing improvement of the RANZCP education and training programs. The Exit Survey provides a snapshot of the perception of the RANZCP training program through the eyes of trainees and SIMGs.

Results from this survey form part of the RANZCP Evaluation and Monitoring Framework. The information provided will help the College to improve learning outcomes and provide the source data to assist in making informed decisions.

Report Summary

This report presents findings from the RANZCP Trainee Exit Survey conducted online during 2023. From July 2020, this survey has been conducted monthly with trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program, seeking their views on their learning experiences and perceptions of the training they received. From January to December 2023, 274 trainees and SIMGs who completed all requirements of the RANZCP Fellowship were invited to participate. A total of 151 respondents completed the survey, with a 55.1% response rate.

Trainee satisfaction

The evaluation indicates a relatively consistent level of satisfaction with the RANZCP Fellowship program, with 67% of respondents expressing overall satisfaction in 2023. This represents a slight increase from 65% in 2022, suggesting a degree of stability in trainees' satisfaction levels since 2020.

The Net Promoter Score for the RANZCP Fellowship program in 2023 remained negative. This score indicates a negative balance between detractors (31%) and promoters (26%) and a significant portion falling into the passive category (43%).

Fellowship program perception and skills development

Approximately nine out of ten respondents consistently agreed that the program was relevant to their development as psychiatrists, offering opportunities for skill development and access to diverse patient populations within training placements. Areas of disagreement remained minimal, with only 10% expressing dissatisfaction with gaining experience in their areas of interest and 8% disagreeing that they receive active support from Directors of Training. While the program received commendations for developing clinical, communication, and ethical skills and multidisciplinary environment work, areas such as leadership and management, research, audit and clinical safety competencies showed weaker contributions, with percentages ranging from 51% to 64%.

Clinical supervision

The overall assessment of respondents indicates a positive perception of supervision quality, with a significant majority providing ratings of 'good' or 'very good' (81%). Only a minimal percentage (4%) rated the supervision quality as 'very poor' or 'poor', and 15% rated it as 'average'. Participants consistently rated various aspects of supervision, such as accessibility, feedback mechanisms (both informal and formal), and the usefulness of feedback favourably. Notably, there is an appreciation for the allowance of an appropriate level of practice autonomy, which received consistently high ratings across the years. The new question assessing the quality supervision ratings for workplace-based assessments in 2023 was positive, with 82% of respondents expressing approval.

Assessments

The perception that examinations were conducted fairly increased from 52% in 2022 to 66% in 2023. However, concerns persist regarding the accuracy of examinations reflecting the College training curriculum (56%) and the appropriateness of information provided about examinations (50%). Operational challenges were evident, with only 48% of respondents agreeing that examinations ran smoothly on the day. Additionally, providing useful and timely feedback about exam performance remained low, underscoring ongoing challenges in this aspect.

In 2023, a positive trend emerged in the perception of Workplace-Based Assessments (WBAs), with significant increases in agreement that these tools effectively facilitated feedback during training (79%) and were suitable for trainees' needs (78%). The alignment between Entrustable Professional Activities (EPAs) and clinical practice remained strong (78%), and the In-Training Assessment form demonstrated effectiveness, with 72% of trainees agreeing that they received useful feedback about their performance.

Formal Education Courses

Respondents' perceptions indicate a consistent trend over the years, with Formal Education Courses (FECs) perceived to make a weak contribution to the overall Fellowship program. In 2023, agreement regarding FECs providing opportunities for peer support witnessed a decline from 63% in 2022 to 57%. The perception that knowledge presented at FECs was applied to real-life clinical situations remained at 58%, indicating no significant change from the previous year. Similarly, the contribution of FECs to preparing respondents for examinations remained stable at 48%, reflecting limited perceived impact in this aspect.

College resources

The evaluation of six RANZCP resources indicates varying utilisation levels among trainees during the training program. While most respondents reported utilising each resource, participation in workshops and the RANZCP Congress saw lower utilisation rates, with 25% and 42% of respondents indicating non-use, respectively. The RANZCP website maintains a consistently high level of perceived usefulness, with 89% agreement in 2023. InTrain demonstrates notable growth in perceived usefulness, increasing from 63% in 2020 to 82% in 2023.

College communication and engagements

Perceptions of communication and interaction with the College regarding Fellowship program requirements and changes have remained relatively stable, with around 60-70% agreement. However, there has been a notable decrease in understanding whom to contact at the college about fellowship program-related matters, dropping from 89% in 2022 to 68% in 2023. Satisfaction with communication about training experiences shows a marginal increase, reaching 61% in 2023. The introduction of safe mechanisms for raising training and well-being concerns is met with 39% agreement, indicating a low level of confidence in the existence of such mechanisms.

Perceptions of College engagement show mixed results. While representation by doctors in training on the College's training and/or education committees has increased from 45% to 53% in 2023, there has been no significant improvement in the College seeking trainees' views on the Fellowship program, remaining at 29%. The ability to discuss the Fellowship program with other doctors remains high at 79%. Access to psychological and/or mental health support services provided by the College has seen a modest decrease from 31% to 30%.

Workplace environment and culture

The survey indicates a moderate level of satisfaction with work/life balance, with 59% of respondents expressing agreement. Encouragingly, 7 out of 10 respondents agreed that racism was not tolerated during training. However, only 55% expressed confidence in raising concerns about mistreatment, highlighting a potential gap in trainee confidence and the need for targeted interventions to address barriers to reporting. A significant portion of respondents reported experiencing or witnessing bullying, harassment, discrimination, and racism during their training. This underscores the presence of challenges within the training environment and the necessity for proactive measures to address and eliminate instances of mistreatment. While nearly half of respondents reported incidents of mistreatment, concerns about repercussions and doubts about reporting mechanisms emerged as primary barriers to reporting. Despite challenges in reporting mistreatment, the majority of respondents (92%) affirmed their knowledge of how to access support for their health needs.

Patient safety

The survey indicates a high level of satisfaction with the quality of training on how to raise concerns about patient safety, with 77% of respondents expressing agreement. Most respondents (91%) affirmed knowing how to report concerns about patient care and safety, indicating a solid foundation in understanding reporting procedures. Additionally, 87% expressed confidence in raising such concerns. Most respondents (85%) reported the presence of processes to facilitate safe patient handovers between shifts or practitioners. The survey also revealed that 81% of respondents received training on providing culturally safe care.

Future career intentions

Respondents exhibit a consistent interest in various specialised areas within psychiatry. While there's a notable upward trend in interest in Indigenous health/healthcare and a strong interest in medical education, interest in rural practice and medical research has shown fluctuations and gradual decreases over the years. Overall, concerns about post-Fellowship employment remain relatively low. Most of the respondents express intentions to practice within the next five years in public hospitals and private rooms, with a clear preference for practising in either capital cities or regional centres. The most common specialty areas selected by respondents are adult psychiatry and community psychiatry, while neuropsychiatry appears to be the least popular choice among this cohort of new fellows. While the majority do not intend to pursue further academic qualifications beyond advanced certificates, among those who do, a diverse range of skills are sought, primarily focusing on leadership and management, clinical/medical administration, research/teaching, and psychotherapy.

Methodology

Questionnaire design

The questionnaire was developed based on questions previously used in the Admission to Fellowship survey. A set of core questions to measure perception remained unchanged, and other items were reviewed and either refined or replaced. To ensure external comparability, selected questions from the Medical Training Survey (MTS) conducted by the Medical Board of Australia were integrated.

Three versions of the survey were developed, with a core set of questions common in each version for different groups:

- trainees (completed stage 1, 2 and 3 training requirements)
- SIMGs- Partial comparability
- SIMGs- Substantial comparability.

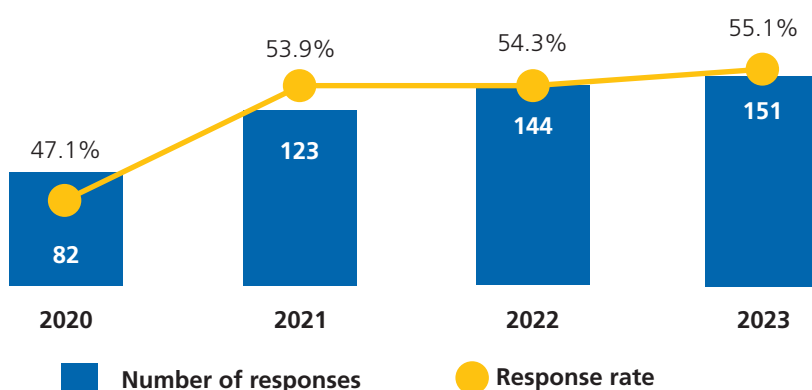
The questionnaire was reviewed in consultation with the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) and approved by the EC.

Sampling and data collection

The in-scope population for the RANZCP Trainee Exit Survey consists of all trainees and SIMGs who have completed the training requirements of the Fellowship Program. Details were collated from the College database, and participation was voluntary. No personal information was linked to responses.

The online survey was delivered online via Survey Monkey. The survey took approximately 15 minutes to complete. The College sent an email invitation to all in-scope sample trainees and SIMGs to present the survey objectives and outline privacy provisions. The invitation was followed by two reminder emails to all sample members.

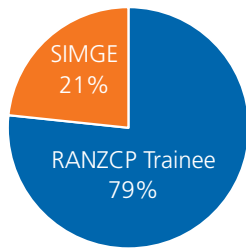
The full data collection was conducted between 1 February 2023 to 31 January 2024. In total, 274 trainees and SIMGs who had completed all requirements of the RANZCP Fellowship between January and December 2023 were invited to participate. Invitations were sent each month to those trainees and SIMGs who were admitted to the Fellowship in that month. The College received responses from 151 respondents. The response rate for the survey was 55.1% (the number of online survey responses/number of survey invitations).



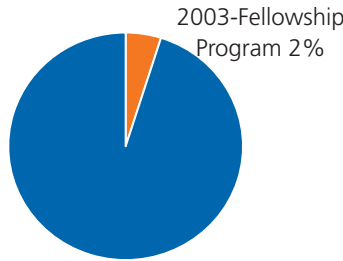
The demographics breakdown of survey participants is detailed as follows:

- most trainees who completed the survey had completed the 2012 Fellowship program (98%)
- distribution by pathway shows 79% were trainees and 21% SIMGs
- 47% of respondents identified as man, 43% as woman and 1% as non-binary / gender diverse
- 74% fell within the 25 to 44 year old range
- approximately half of the participants (46%) completed their primary medical degree in Australia.

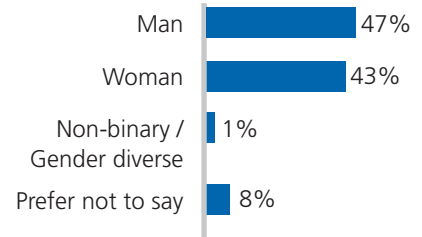
Training pathway



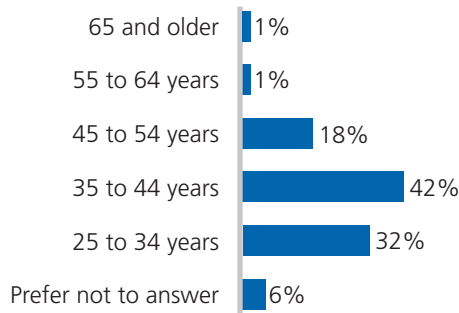
Program



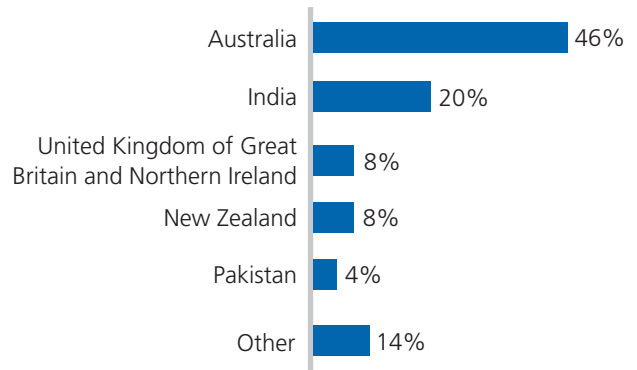
Gender



Age



Primary medical degree



Data Analysis

Responses to closed-ended questions were formatted and input into the Statistical Package for the Social Sciences (SPSS) for the calculation of frequencies and valid percentages.

Qualitative data analysis was conducted using the NVivo software for responses to open-ended questions. The coding of questions followed the framework established during the pilot survey, with ongoing refinement during the coding process carried out by a member of the Education Department.

How to read this report

This report present results for both trainees and SIMGs who have completed the training requirements of the Fellowship Program. It is important to note that a separate report specifically tailored for SIMGs will be published independently.

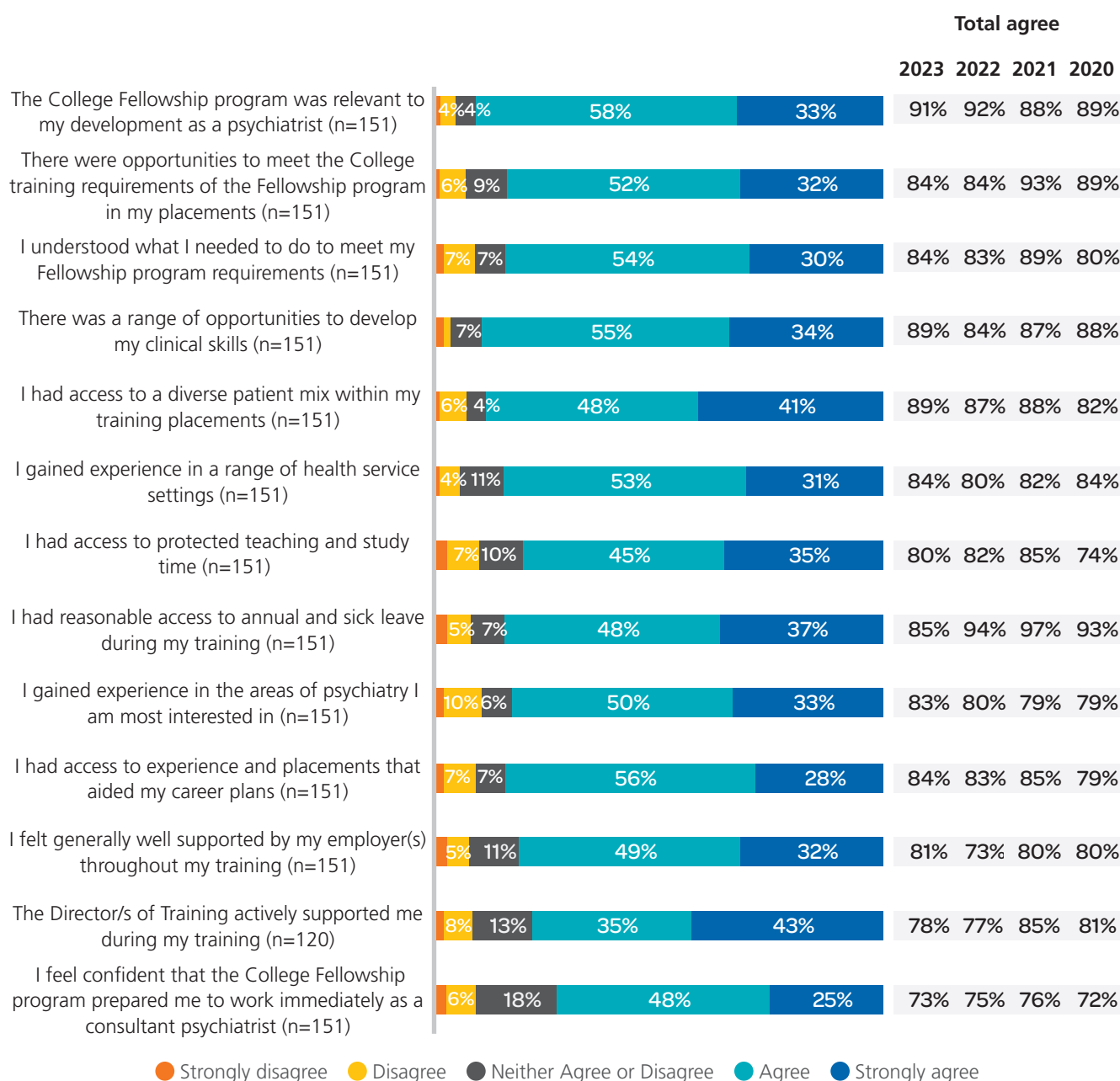
Structured in alignment with the RANZCP Exit Survey questionnaire, the report utilises graphs that maintain the original categories. To enhance visual clarity, values below 3% have been removed. An additional table has been included aggregating perceptions that reflect a positive attitude since 2020. Results presented in this report have been rounded up to the nearest whole percent, and in some cases, answers may add to more than 100%.

Original Categories	Aggregated
Strongly agree + Agree	Total agree
Very well + Well	Total Well
Very good + Good	Total good
Very useful + Useful	Total useful

1. RANZCP Fellowship program

Respondents were asked to rate aspects of the training program. Most, around nine out of ten, 'strongly agreed' or 'agreed' that the College Fellowship program was relevant to their development as psychiatrists, that there was a range of opportunities to develop their clinical skills, and that they had access to a diverse patient mix within their training placements. There was no specific disagreement with other statements, and the perception in most aspects has remained unchanged since 2020. Only 10% 'disagreed' that they gained experience in the areas of psychiatry they are more interested in and 8% 'disagreed' that the Director/s of Training actively supported them during the training.

Q.4 Thinking about the Fellowship program, to what extent do you agree or disagree with each of the following statements?



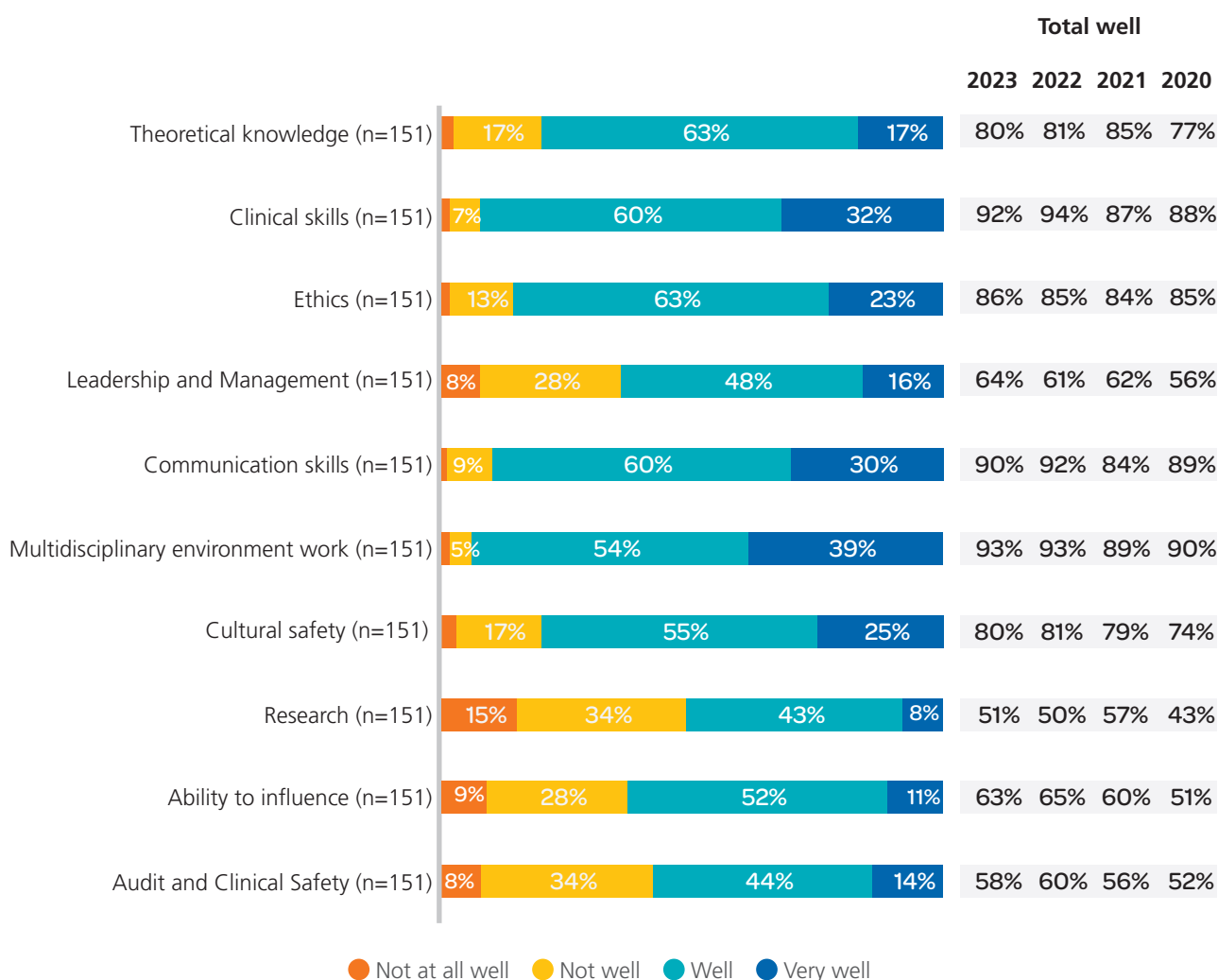
* Note: Labels 3% and below removed from chart

2. Skills development

Respondents were asked to evaluate how well the program contributed to developing specific skills related to the RANZCP Fellowship competencies. The overall evaluation indicates a commendable perception of the program in areas such as experience working in a multidisciplinary environment (93%), clinical skills (92%), communication skills (90%), ethics (86%), theoretical knowledge (80%), and cultural safety (80%) suggesting a robust foundation in these skill sets. However, there are identified areas of concern, specifically in leadership and management (64%), ability to influence (63%), Audit and Clinical Safety (58%) and Research (51%). These competencies have consistently shown weaker contributions from the Fellowship program since 2020, remaining relatively low or showing only modest improvement over the four years. For instance, while there were slight increases in perceptions of research skills and the ability to influence, agreement rates remained below 65% throughout the four years. Similarly, perceptions of audit and clinical safety, while showing some improvement, remained below 60% agreement.

The outcomes highlight the need for targeted attention and improvement efforts to enhance the effectiveness of the program in these specific areas.

Q.5 How well did the Fellowship program contribute to your skills development in the following areas?



* Note: Labels 3% and below removed from chart

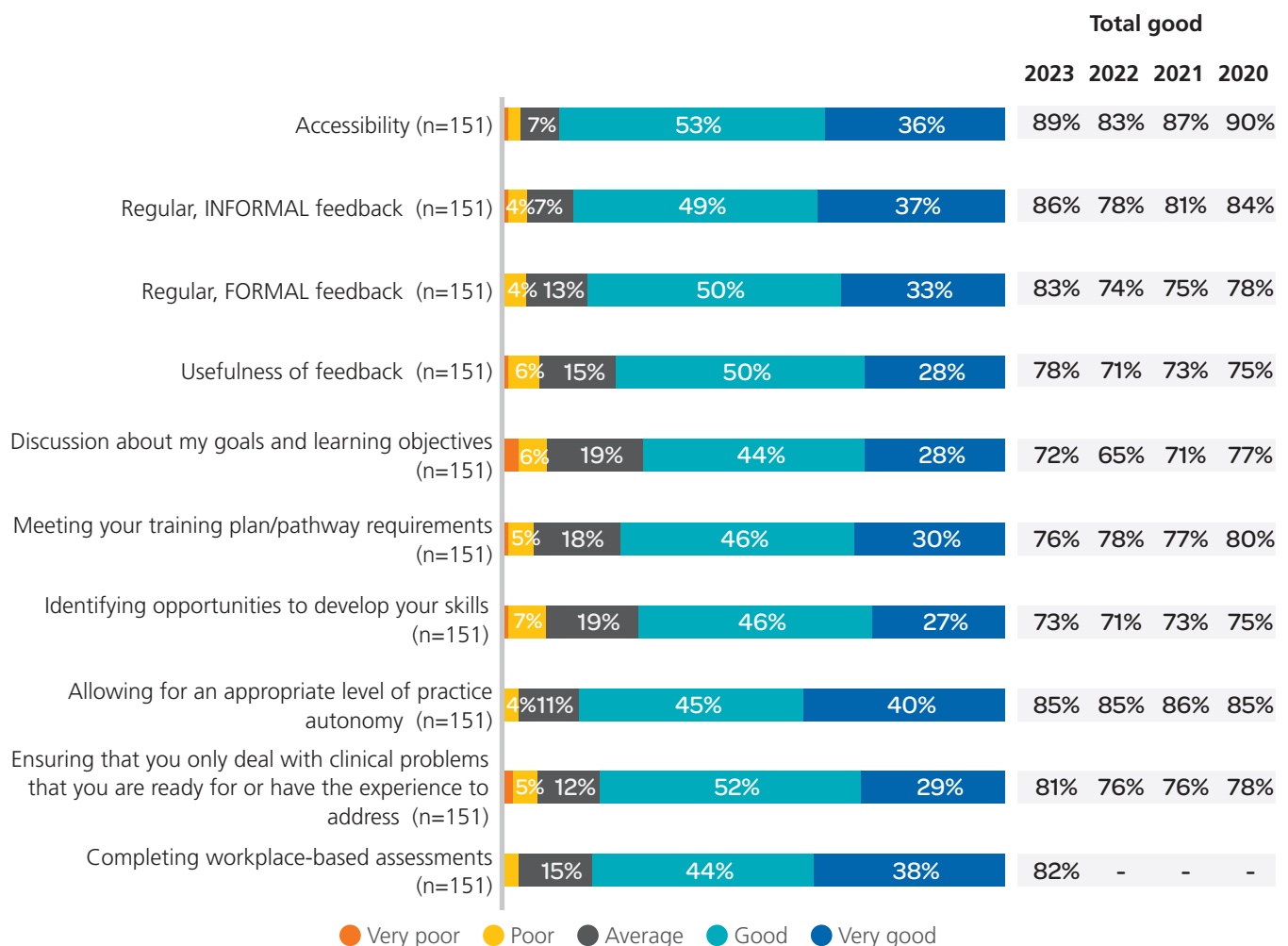
3. Clinical supervision

The assessment of quality supervision, measured on a scale of one to five, with one representing 'very poor' and five indicating 'very good,' reflects a generally positive perception among respondents from the years 2020 to 2023.

Despite some fluctuations in specific areas, the majority of participants expressed satisfaction with the program's accessibility to supervision, feedback mechanisms (both informal and formal), and the overall usefulness of feedback. Notably, respondents appreciate the allowance for appropriate practice autonomy, with consistently high ratings. The introduction of the quality supervision rating for completing workplace-based assessments in 2023 received a positive response, with 82% of respondents perceiving them favourably.

Overall, respondents consistently reported positive perceptions in clinical supervision. For instance, perceptions of accessibility remained high, with agreement rates ranging from 83% to 90% over the four-year period. Similarly, trainees consistently valued regular informal feedback, with agreement rates ranging from 78% to 86%. However, there are areas that experienced more variability. For example, perceptions of regular formal feedback showed fluctuations from 74% in 2022 to 83% in 2023, indicating potential challenges in maintaining consistent feedback mechanisms. Similarly, while the usefulness of feedback increased from 71% in 2022 to 78% in 2023, there were fluctuations in previous years. There were areas where perceptions declined over time. For instance, discussion about goals and learning objectives declined from 77% agreement in 2020 to 72% in 2023, suggesting potential gaps in goal setting or communication between trainees and supervisors.

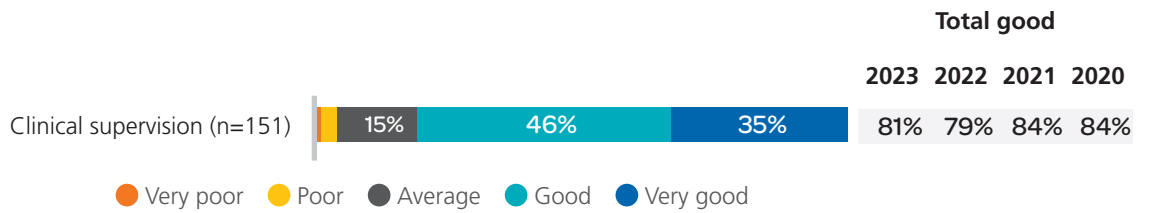
Q.6 In your setting, how would you rate the quality of your overall supervision?



* Note: Labels 3% and below removed from chart

The overall assessment of respondents indicates a positive perception of the quality of supervision, with a significant majority providing ratings of 'good' or 'very good'. Specifically, 35% of respondents rated the quality as 'very good', while 46% rated it as 'good'. Only a minimal percentage, 4%, rated the supervision quality as 'very poor' or 'poor' (with a score of 1 or 2), and 15% rated it as 'average'. Overall, respondents consistently reported positive perceptions of clinical supervision, with agreement rates ranging from 79% to 84% over the four-year period. While agreement slightly declined from 84% in 2021 to 79% in 2022, perceptions showed a modest improvement to 81% in 2023. These findings suggest that, despite some fluctuations, clinical supervision remains an area of strength within the training program

Q.7 In general terms, how would you rate the quality of your clinical supervision?



* Note: Labels 3% and below removed from chart

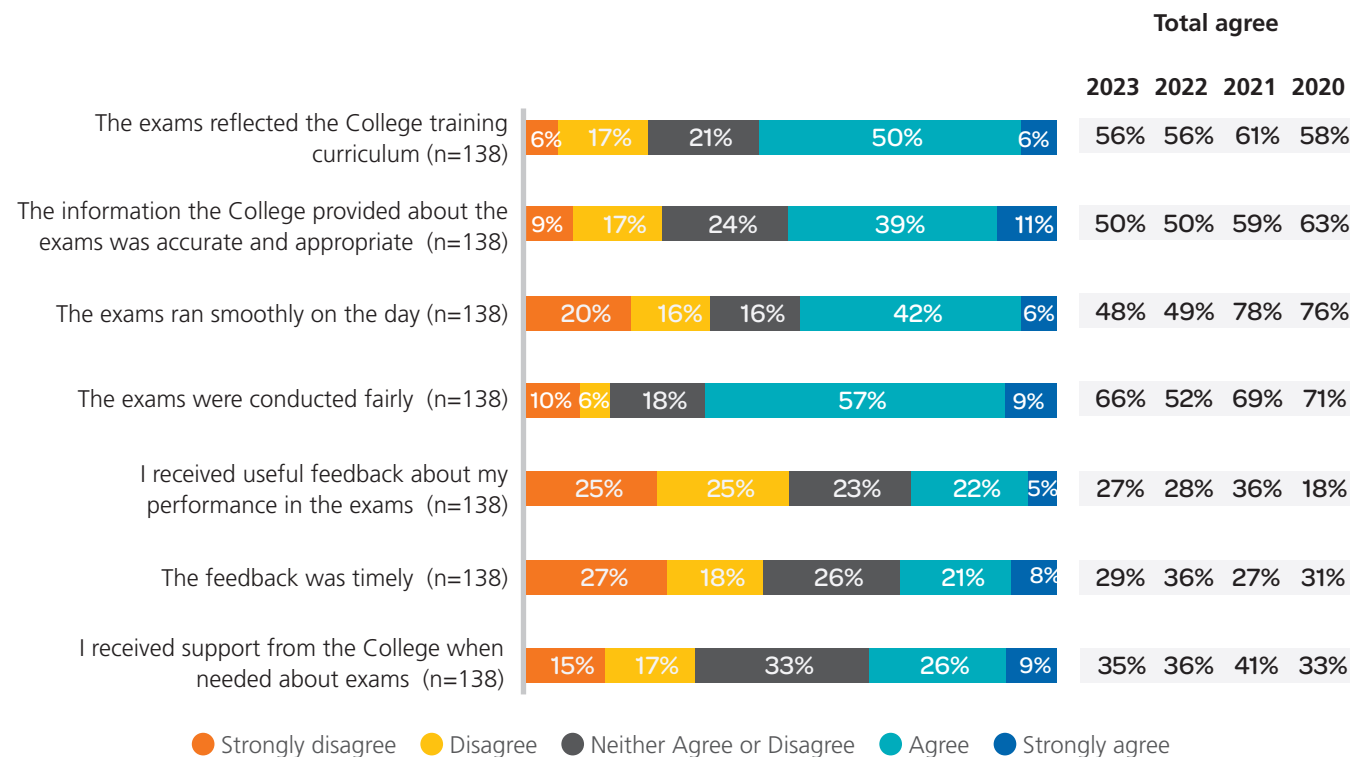
4. Assessments

All trainees and SIMGs completing the partial comparability pathway were asked about College-administered summative examinations. The perception of fair examination conduct improved, increasing from 52% in 2022 to 66% in 2023. However, only half of the participants expressed agreement that the examinations accurately reflected the College training curriculum (56%) and that the information provided about the examinations was accurate and appropriate (50%).

A significant concern emerged regarding the accuracy and appropriateness of information provided about the examinations, with a substantial drop from 63% in 2020 to 50% in 2023. The administration of examinations faced a considerable challenge, with just 48% of respondents agreeing that examinations ran smoothly on the day, indicating operational issues that need urgent attention. This response is likely related to the direct experience of this cohort of trainees and SIMGs of the 2021 AVOSCE failure.

Furthermore, the provision of useful feedback about performance in examinations and the timeliness of such feedback remained persistently low, indicating an ongoing challenge. The continued challenge of providing useful and timely feedback underscores the need for sustained efforts to enhance feedback mechanisms.

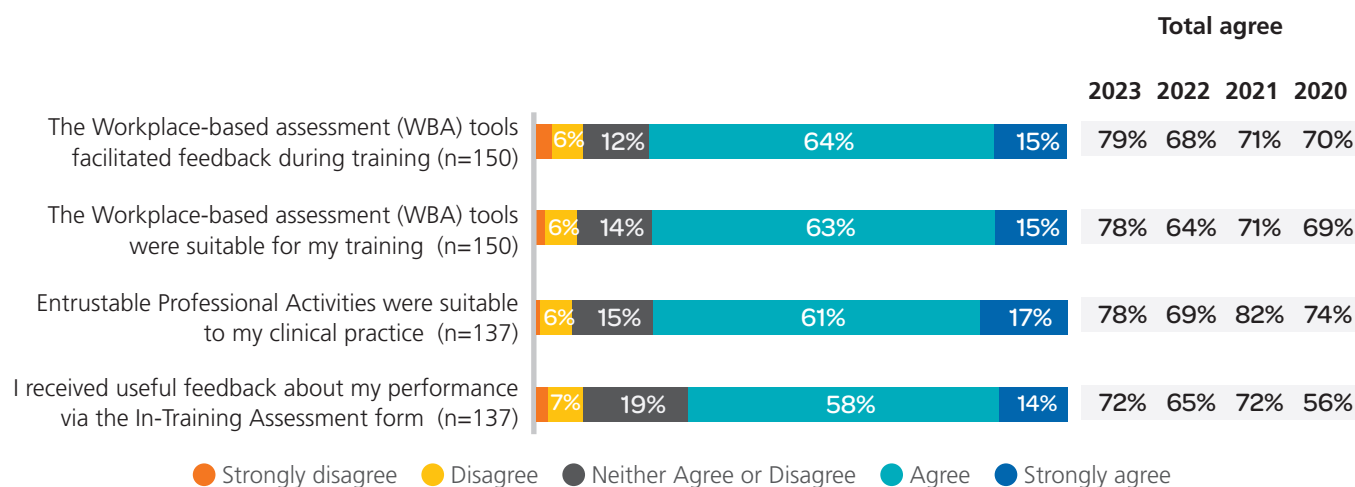
Q.8 Thinking about the College-administered summative assessments to what extent do you agree or disagree with each of the following statements?



* Note: Labels 3% and below removed from chart

In 2023, there is a positive trend in the perception of workplace-based assessments. There is a significant increase in agreement that Workplace-based assessment (WBA) tools effectively facilitated feedback during training (79%) and that these tools were suitable for trainees’ needs (78%). This suggests that the WBA tools are both relevant and useful in addressing training requirements. The alignment between Entrustable Professional Activities (EPAs) and clinical practice remained strong, with 78% of respondents expressing agreement. Furthermore, the In-Training Assessment form demonstrated effectiveness as 72% of trainees agreed that they received useful feedback about their performance. A comparative analysis of the 2023 results with previous years reveals consistent positive trajectories.

Q.9 Now, thinking about workplace assessments to what extent do you agree or disagree with each of the following statements?

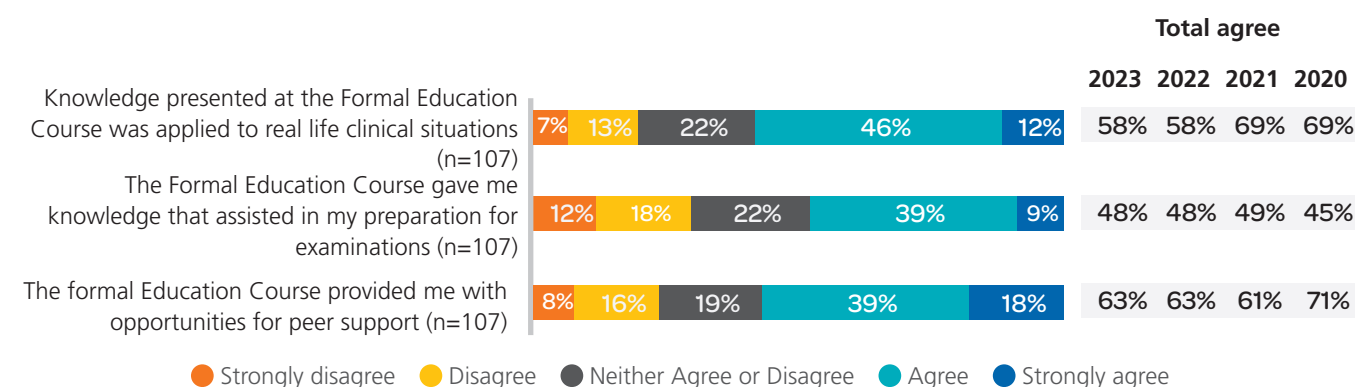


* Note: Labels 3% and below removed from chart

5. Formal education courses

The results suggest that, like in previous years, respondents perceive Formal Education Courses (FEC) as making a weak contribution to the overall Fellowship program. In 2023, there is a decline in agreement regarding the FECs providing opportunities for peer support, dropping from 63% in 2022 to 57%. This decline indicates a potential challenge or change in the effectiveness of FECs in fostering a supportive peer environment. The perception that that knowledge presented at the Formal Education Course was applied to real-life clinical situations remains at 58%, and the Formal Education Course’s contribution to preparing respondents for examinations remains at 48%, showing no significant change from the previous year.

Q.10 Thinking about Formal Education Courses to what extent do you agree or disagree with each of the following statements?

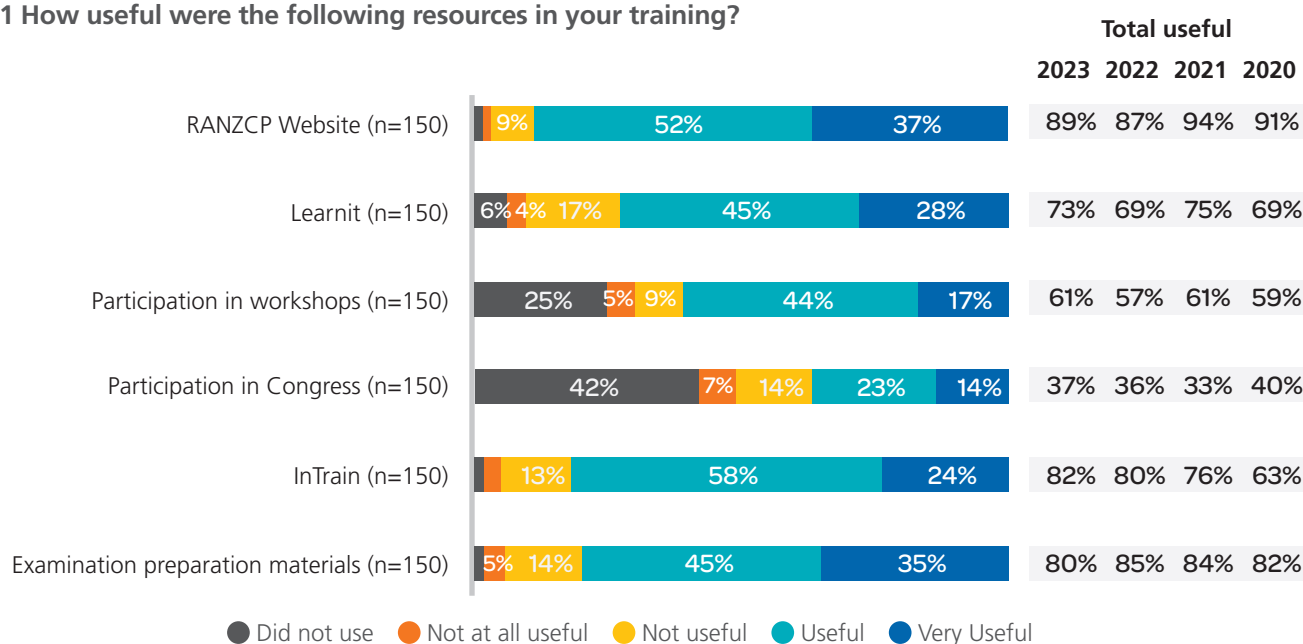


* Note: Labels 3% and below removed from chart

6. RANZCP Resources

Six RANZCP resources were evaluated for their usefulness to the trainees during the training program. Most respondents reported utilising each resource, except for participation in workshops and the RANZCP Congress, where 25% and 42% of respondents indicated that they did not use these resources. The RANZCP website maintains a high level of perceived usefulness, with 89% agreement, showing its continued importance as an informational platform for trainees. InTrain demonstrates significant growth in perceived usefulness, rising from 63% in 2020 to 82% in 2023, indicating its increasing importance as a training support tool. Examination preparation materials show a decrease in perceived usefulness from 85% in 2022 to 80% in 2023. Participation in the RANZCP Congress is perceived as the least useful, with only 37% agreement.

Q.11 How useful were the following resources in your training?

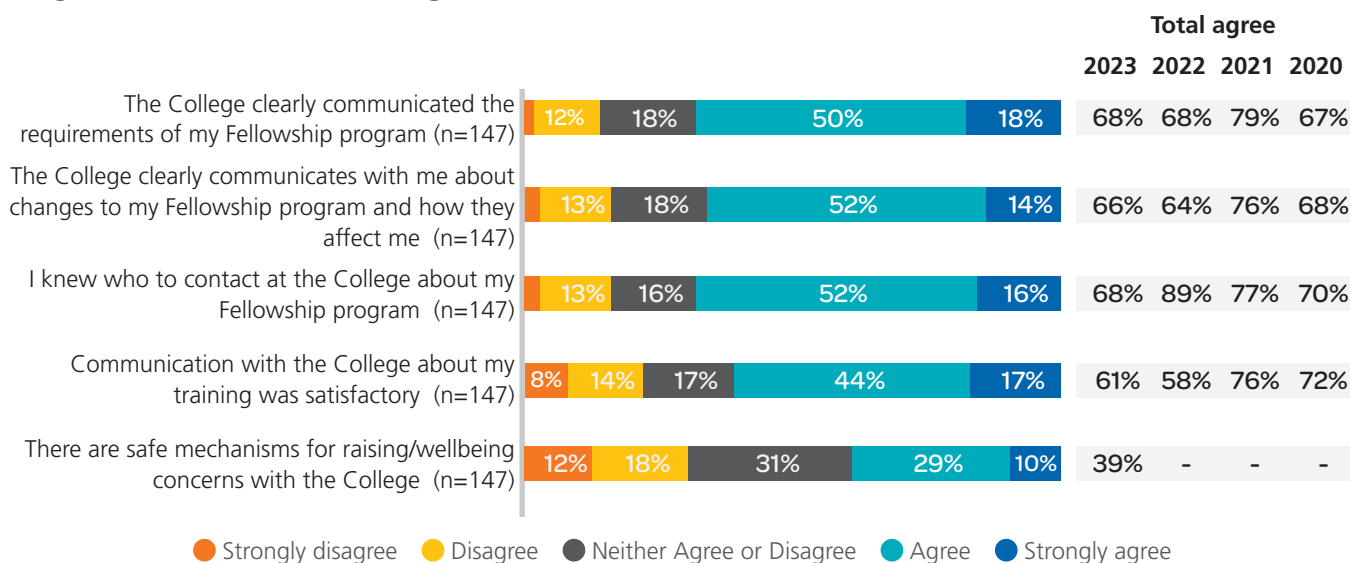


* Note: Labels 3% and below removed from chart

7. College communication and interaction

Respondents were asked about communication and interaction with the College. The clarity of communication regarding Fellowship program requirements and changes to the program and their impact on trainees remains consistent at around 60-70%, showing no significant change from the previous year. However, the understanding of whom to contact at the College about the Fellowship program sees a notable decrease from 89% in 2022 to 68% in 2023, suggesting potential challenges or changes in trainees' awareness of appropriate contact points. Additionally, satisfaction with communication about training experiences shows a marginal increase from 58% in 2022 to 61% in 2023. The introduction of a new aspect, the availability of safe mechanisms for raising training and well-being concerns, is met with 39% agreement, indicating a low level of confidence in the existence of such mechanisms.

Q.12 Thinking about how the College communicates and interacts with you to what extent do you agree or disagree with each of the following statements?

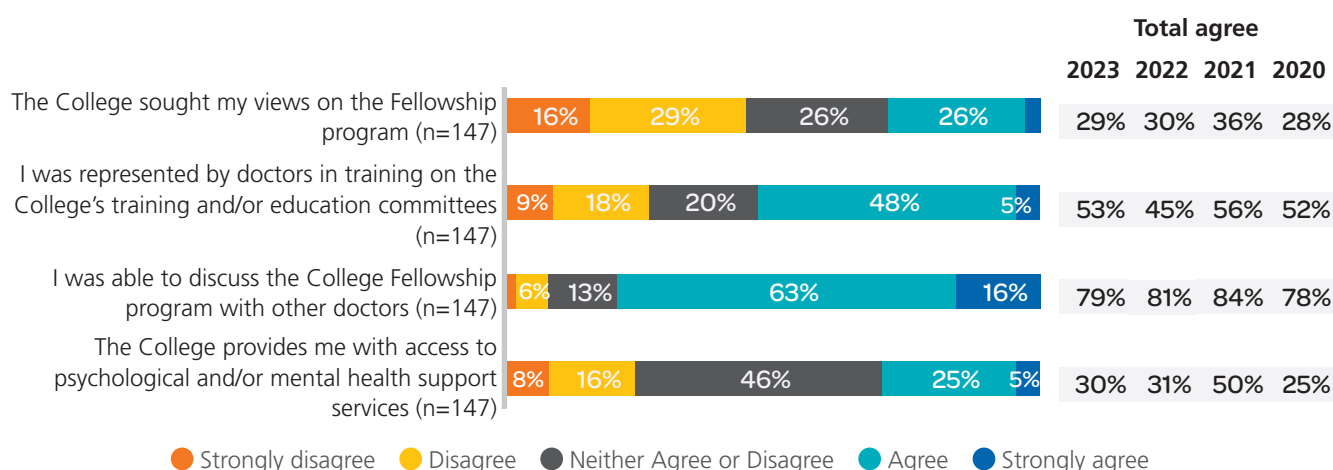


* Note: Labels 3% and below removed from chart

8. College engagement

The data suggests that there are no apparent improvements in the perceptions of College engagement, as indicated by the responses compared to the previous year, 2022. The College seeking trainees' views on the Fellowship program remains relatively low at 29%, showing marginal change from the preceding year. Representation by doctors in training on the College's training and/or education committees experiences an increase, rising from 45% in 2022 to 53% in 2023. While a significant majority, 79%, of respondents affirm the ability to discuss the College Fellowship program with other doctors, it exhibits a slight decrease from 81% in 2022. The provision of access to psychological and/or mental health support services by the College sees a modest decrease from 31% in 2022 to 30% in 2023. The introduction of the new representative governance structure for trainees – the Bi-national Committee for Trainees (BCT) and the Trainee Advisory Committee (TAC) and the newly implemented trainee engagement strategy may not have impacted trainees in their last year of training. This measure should be monitored carefully over the next couple of years to determine if the changes to trainee representation and engagement are effective.

Q.13 Thinking about how the College engages to what extent do you agree or disagree with each of the following statements?

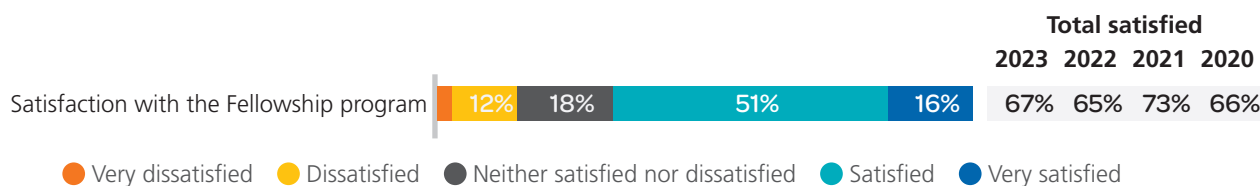


* Note: Labels 3% and below removed from chart

9. Overall satisfaction

The top two response categories (very satisfied or satisfied) represent overall satisfaction. This round of evaluation reports 67% overall satisfaction with the Fellowship program, with 51% expressing satisfaction and an additional 16% indicating they are very satisfied. The data reflects relatively consistent satisfaction levels with the Fellowship program over the years, slightly increasing from 65% in 2022 to 67% in 2023. The minor fluctuations suggest a certain degree of stability in trainees' satisfaction levels over the specified time frame.

Q.23 Overall how satisfied or dissatisfied are you with the Fellowship program?



* Note: Labels 3% and below removed from chart

In this survey, respondents were asked how likely they would be to recommend the RANZCP Fellowship program to other potential respondents. This question has been used to calculate the Net Promoter Score (NPS), a tool used to gauge customer loyalty to an organisation based on the level of recommendation .

In 2023, the Net Promoter Score (NPS) for the RANZCP Fellowship program is calculated as -5. This score is derived by subtracting the percentage of detractors (31%) from the percentage of promoters (26%). The likelihood to recommend the program remains relatively balanced, with 26% of respondents expressing high likelihood (rated 9-10), 43% falling into the passive category (rated 7-8), and 31% being detractors (rated 0-6). The negative NPS suggests that there are more detractors than promoters, indicating a potential area for improvement in overall satisfaction and positive advocacy among trainees. Although constituting a significant proportion, the passives also contribute to the neutral stance, reinforcing the need for targeted strategies to enhance positive sentiments and actively address areas of dissatisfaction. Additionally, it is noteworthy that detractors increased in the cohorts that would have been affected by the November 2023 AVOSCE failure.

Q.24 On a scale 0 to 10, how likely is that you would recommend the RANZCP Fellowship program to other potential trainees?

Likelihood to Recommend	Total			
	2023	2022	2021	2020
n=	146	130	116	79
Promoters - Rated 9-10	26%	32%	32%	24%
Passives - Rated 7-8	43%	32%	48%	47%
Detractors - Rated 0-6	31%	36%	20%	29%
Net Promoter Score (Promoters - Detractors)	-5	-4	12	-5

¹ In the Net Promote Score (NPS) respondents are categorised into one of three groups based on their responses. Promoters who respond with score of 9 or 10 are considered likely to exhibit positive referrals to others. Detractors who respond with a score 0 to 6 are believed to be less likely to exhibit positive referrals. Passives who respond with a score of 7 to 8 fall in the middle of promoters and detractors in terms of their behaviour. The NPS is calculated by subtracting the percentage of respondents who are detractors from the percentage of respondents who are promoters. For the purpose of calculating a Net Promote Score, Passives count towards the total number of respondents, but do not directly affect the overall net score.

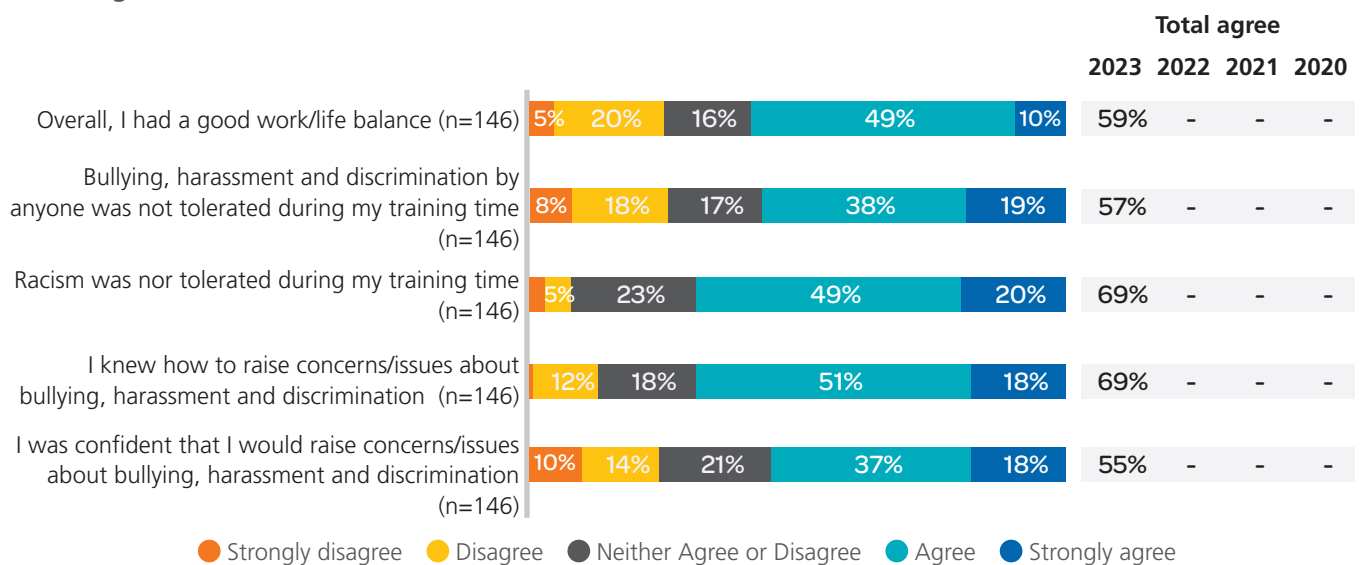
Source: <http://www.netpromotersystem.com/about/measuring-your-net-promoter-score.aspx>

10. Workplace environment and culture

For the first time, the 2023 survey introduced questions regarding workplace environment and culture, taken from the Medical Training Survey conducted by the Medical Board.

Among the findings, 59% of respondents expressed agreement with having a good work/life balance, and 57% indicated that bullying, harassment, and discrimination were not tolerated during their training. An encouraging 7 out of 10 respondents agreed that racism was not tolerated during training and that they knew how to raise concerns/ issues about bullying, harassment and discrimination (including racism). However, a slightly lower percentage (55%) expressed confidence in raising such concerns, suggesting an area for potential improvement to enhance trainee confidence and satisfaction.

Q.16 Thinking about workplace environment and culture, to what extent do you agree or disagree with the following statements?



* Note: Labels 3% and below removed from chart

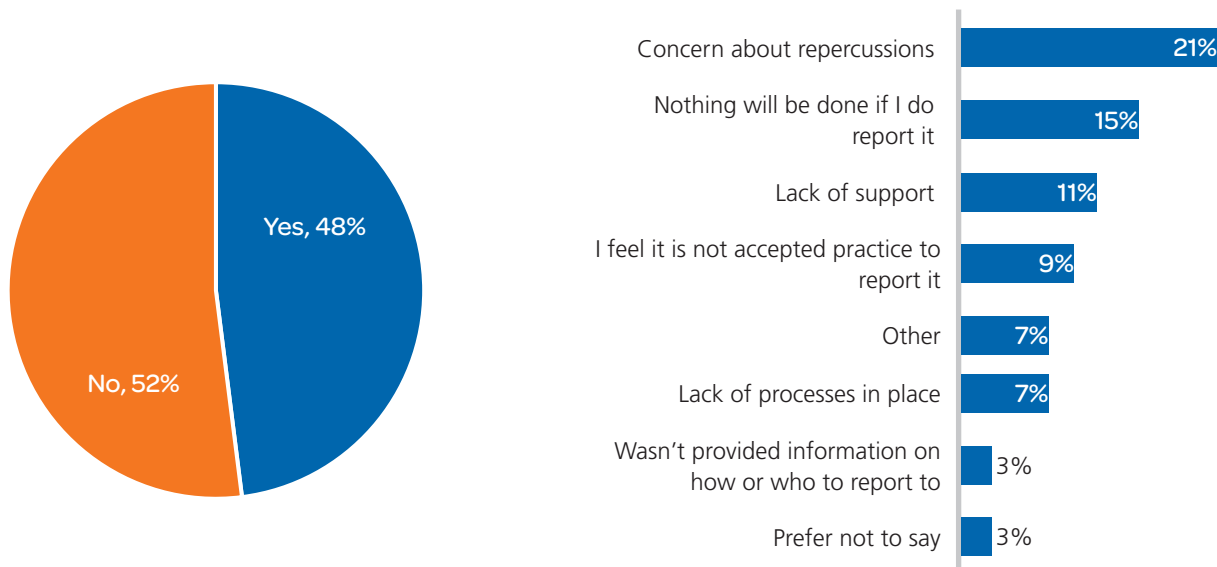
The 2023 survey shows a significant portion of respondents experienced and witnessed bullying, harassment, discrimination and racism. The results indicate that 23% experienced bullying, while a higher percentage, 33%, witnessed such behaviour. The most disconcerting finding is that 16% of respondents personally experienced racism, while a substantial 25% witnessed racist incidents. These figures collectively highlight a challenging environment, suggesting a need for targeted interventions to address and eliminate instances of mistreatment, discrimination, and racism within the psychiatry training program.

Q.17 Did you experience and/or witness any of the following during your training time?

	2023	
	Experienced	Witnessed
Bullying	23%	33%
Harassment	22%	23%
Discrimination	21%	23%
Racism	16%	25%

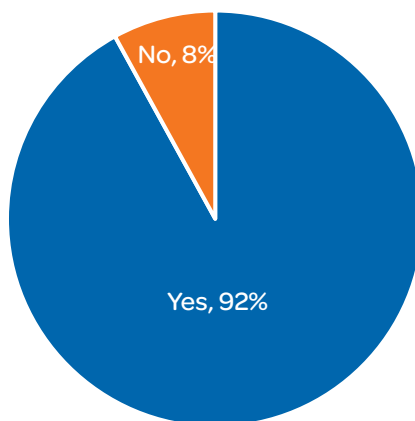
There is a near-even split among respondents regarding whether they reported bullying, harassment, discrimination, or racism, with 48% indicating that they did report and another 52% stating that they did not. Concerns about repercussions (21%) and doubts about the efficacy of reporting mechanisms (15%) emerge as the primary reasons that prevent trainees from reporting the incidents.

Q.18/19 Did you report the bullying, harassment, discrimination or racism that you experienced/witnessed? What prevented you from reporting?



Despite concerns raised about reporting mistreatment and discrimination, the majority of respondents (92%) affirmed their knowledge of how to access support for their health needs. This finding suggests that while challenges may exist in reporting incidents of mistreatment, there is a general awareness of available support resources for addressing stress and psychological distress. The data underscores the importance of ensuring support services' availability and accessibility, effectiveness, and the cultivation of a supportive and inclusive culture within the training environment to promote trainee well-being.

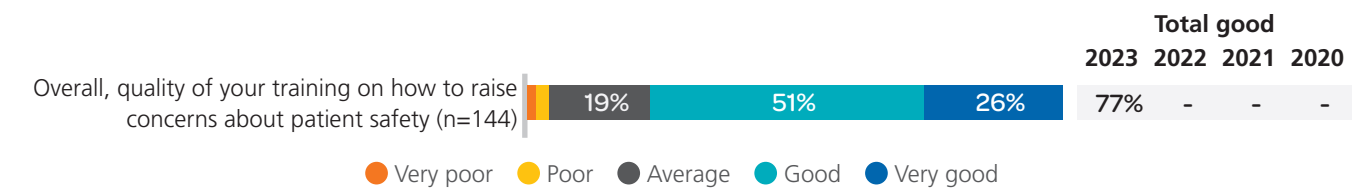
Q.20 Did you know how to access support for your health (including for stress and other psychological distress)?



11. Patient safety

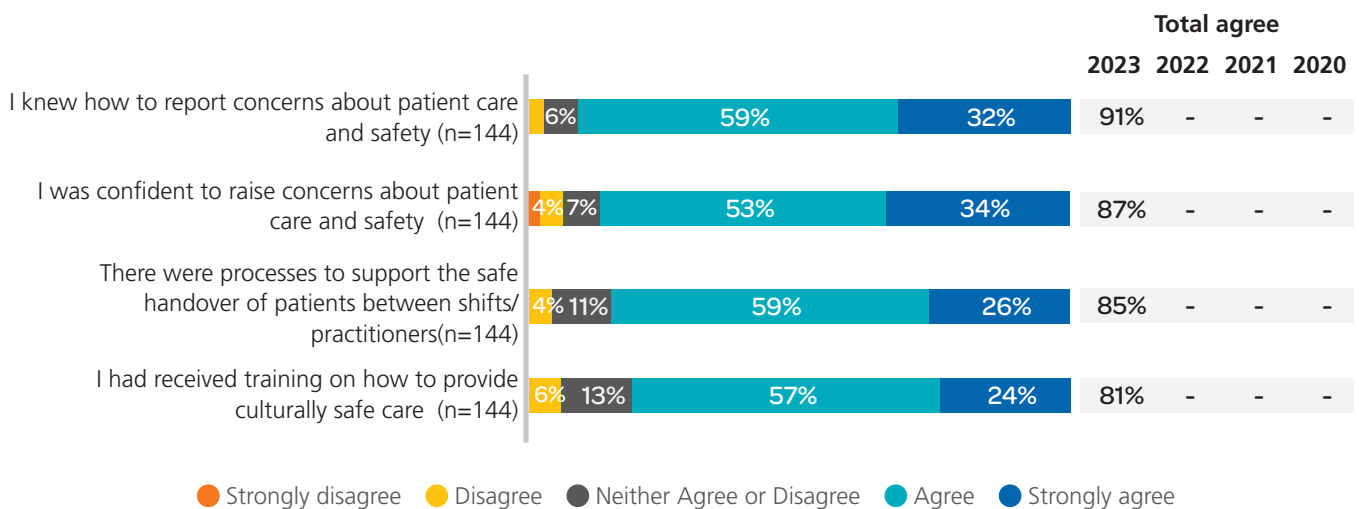
This is the first time the Exit Survey has included a question regarding the overall quality of training on raising concerns about patient safety. Overall, 77% of respondents agreed with the quality of their training in addressing patient safety concerns. Notably, 91% of respondents affirmed knowing how to report patient care and safety concerns, while 87% expressed confidence in raising such concerns. Additionally, 85% indicated the presence of processes to facilitate safe patient handovers between shifts or practitioners, and 81% reported receiving training on providing culturally safe care.

Q.21 How would you rate the quality of your training on how to raise concerns about patient safety?



* Note: Labels 3% and below removed from chart

Q.22 Thinking about patient care and safety overall to what extent do you agree or disagree with the following statements?

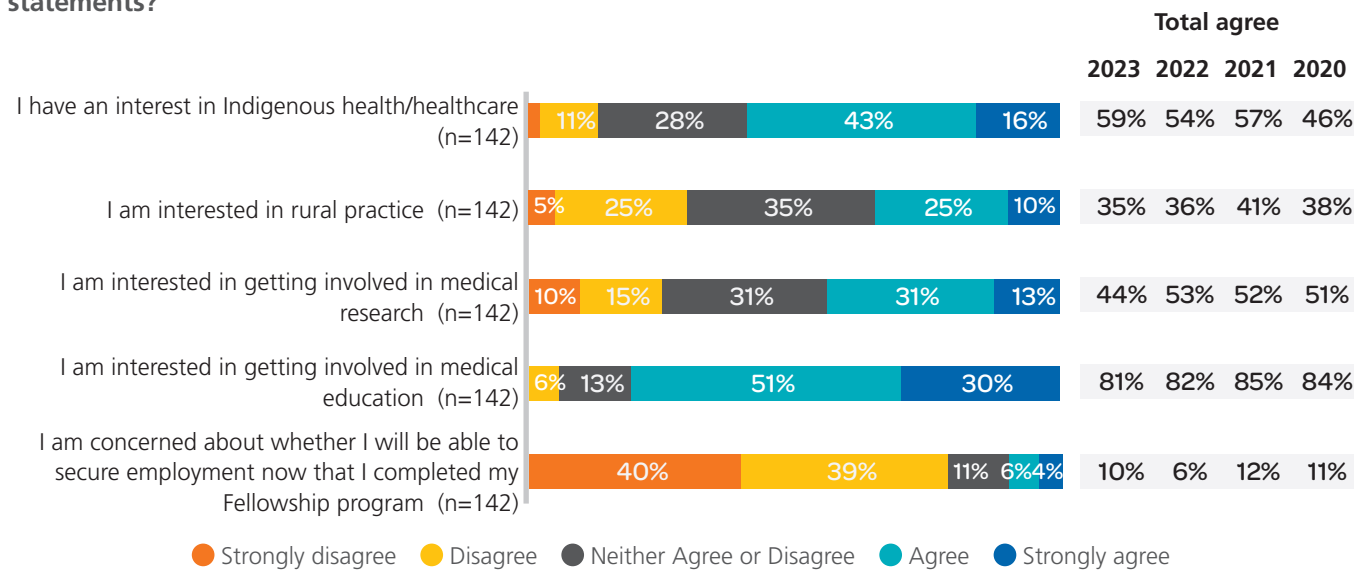


* Note: Labels 3% and below removed from chart

12. Future career intentions

Respondents were asked to respond to general statements related to future career intentions. A high percentage of respondents declared a consistent interest in getting involved in medical education (81%). There is a notable upward trend in interest in Indigenous health/healthcare, reaching 59%, indicating an increase in recognition of addressing Indigenous health. However, interest in rural practice experienced fluctuations, and a slight decline over the years. Similarly, interest in medical research has also shown a gradual decrease over the years. Despite a slight increase to 10% in 2023, concerns about post-Fellowship employment remained relatively low across the years, underscoring new Fellow's confidence in their job prospects.

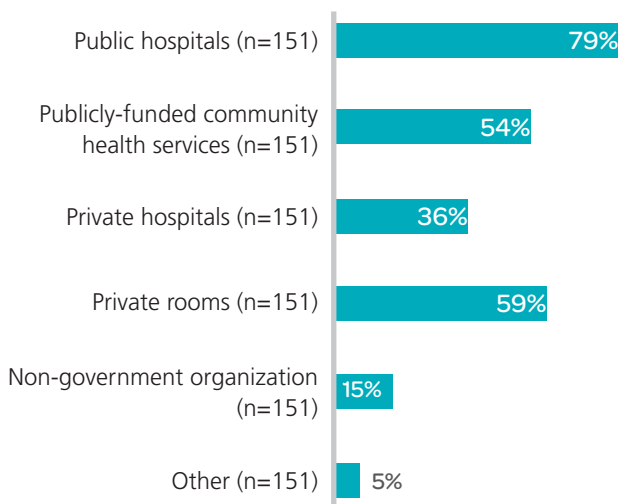
Q.25 Thinking about your future career, to what extent do you agree or disagree with the following statements?



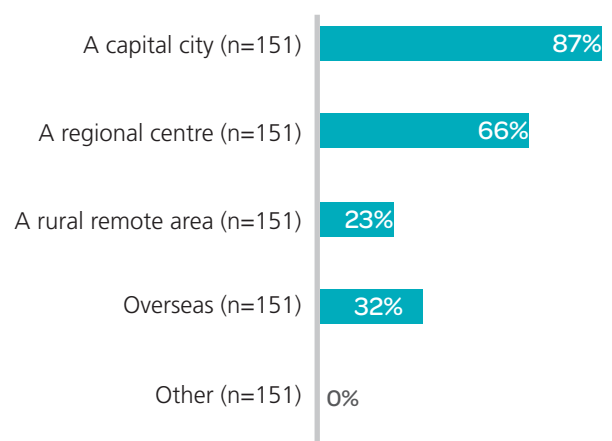
* Note: Labels 3% and below removed from chart

Most respondents expressed intention to practice within the next five years in public hospitals (79%) and private rooms (59%). Moreover, when considering locations, a substantial percentage indicated a preference for either a capital city (87%) or a regional centre (66%).

Q.26 Within the next 5 years, do you intend to practice in?



Q.27 Would you consider working in health services located in?



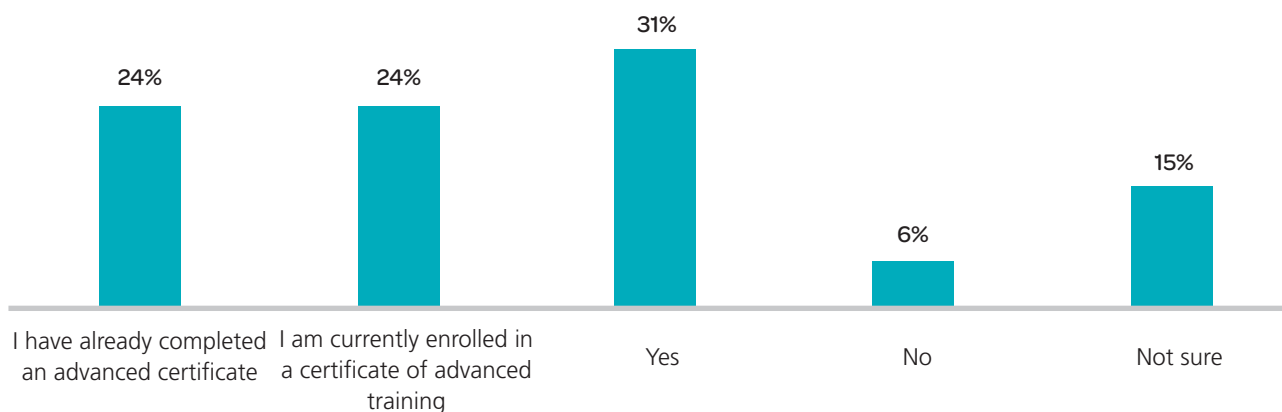
All respondents were asked (prompted) to select the specialty areas of psychiatry where they intend to work. The most common areas selected were adult psychiatry (66%) and community psychiatry (40%). Conversely, neuropsychiatry (9%) was the least popular choice among this cohort of new fellows, with only 9% expressing an interest in this specialisation.

Q.28 What specialty areas of psychiatry do you intend to work in?

Area	Total
Adult psychiatry	66%
Community psychiatry	43%
Psychotherapies	27%
C-L Psychiatry	25%
Youth	24%
Trauma	22%
Child and adolescent psychiatry	21%
Addiction	17%
Perinatal and Infant Psychiatry	17%
Eating disorders	15%
Academic/research psychiatry	15%
Indigenous	15%
Intellectual ad Developmental Disabilities	13%
Psychiatry of old age	12%
Forensic Psychiatry	12%
Administration / Management	12%
Neuropsychiatry	9%
Other	4%

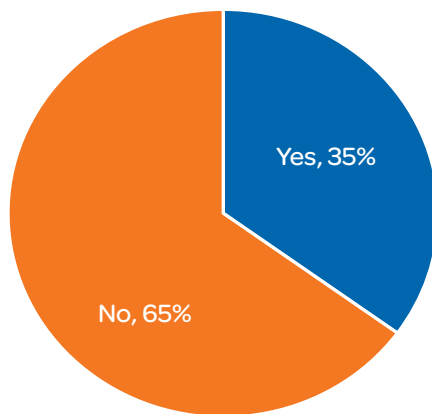
One out of four respondents (24%) stated that they had already completed a Certificate of Advanced Training, 24% indicated that they were currently enrolled in a Certificate of Advanced Training, and 31% are considering more formal training such as a Certificate of Advanced Training

Q.29 Would you consider more formal training, such as a Certificate of Advanced Training in a sub-speciality



Most respondents (65%) expressed that they did not intend to pursue further academic qualifications. However, among the 35% of respondents who do intend to pursue further academic qualifications, there is interest in a diverse range of skills, primarily focusing on leadership and management, clinical/medical administration, research/teaching, and psychotherapy.

Q.31 Do you intend to undertake additional study or qualification other than advanced certificates such as higher education degrees?



Q.32 What other skills are you seeking to gain undertaking higher education degrees? (Open-ended question categorised using NVivo)

Primary focus of intended further study	
Leadership and Management	23
Clinical – Medical administration	7
Research - Teaching	7
Psychotherapy	7
Forensic Psychiatry	2
Child and adolescent psychiatry	2
Ethics	1
Health law	1
Neurostimulation	1
Public health	1

13. Positive attributes

Respondents were asked to provide three positive attributes of the Fellowship program. The experience, assessments, supervision and the trajectory/progression provided by the Fellowship program were the major themes.



Q.14 What were the three main positive attributes of the fellowship training program? (Open-ended question categorized using NVivo)

Attribute	# mentions
Experience	115
Training	67
Supervision	60
Personal and professional development	29
Variety and flexibility	12
Formal Education Courses	9
Program expectation	9
Fellowship pathway	7
Negative responses	4
Program not too hard	3
Grants	1
Professional relationship	1
Risk assessment and diagnostic	1

Further breakdown of the category of experience shows the significant support respondents received during training, indicating a supportive environment as a foundation of their positive experience. Additionally, the general experience of the program itself, clinical exposure, feedback mechanisms, and opportunities for professional development through congresses, conferences, and seminars emerge as key positive attributes. Within Training, respondents commend the program for its diverse range of subject exposure, providing them with a comprehensive understanding of various aspects of psychiatry. They also appreciate the structured nature of the program, including the timetable and the opportunity to experience diverse clinical situations through rotations.

Q.14 What were the three main positive attributes of the fellowship training program? Main subthemes breakdown of category – Experience and Assessment. (Open-ended question categorised using NVivo)

Experience (n=115)	Training (n=67)
<ul style="list-style-type: none"> • Support received during training (45) <ul style="list-style-type: none"> • General experience (27) • Clinical experience (10) <ul style="list-style-type: none"> • Feedback (5) • Congress, conference and seminars (4) <ul style="list-style-type: none"> • Culture of the College (3) • Good system (3) • Local academic support (3) • Learning environment (2) <ul style="list-style-type: none"> • Committee work (2) • Patient centred approach (2) • Research experience (2) <ul style="list-style-type: none"> • Formative learning (1) • First three months (1) • Targeted learning (1) • Written exams (1) • Diverse array (1) • Completion in one location (1) • Access to different workplace (1) 	<ul style="list-style-type: none"> • Diverse range of exposure to subjects (20) <ul style="list-style-type: none"> • Structure of the program (17) <ul style="list-style-type: none"> • Timetable (12) • Diverse clinical situations (8) <ul style="list-style-type: none"> • Variety of rotations (7) <ul style="list-style-type: none"> • Length (1) • Relevant training posts (1) • Access to requirement (1)

14. Challenges

The data analysis reveals several key challenges across four main categories: assessments, personal challenges, experience, and college administration.



Q.15 What were the three main challenges you faced in the Fellowship training program? (Open-ended question categorised using NVivo)

Attribute	# mentions	Attribute	# mentions
Assessments	175	Positive general comments	5
Personal challenges	58	Formal Education Courses	3
Experiences	47	No comment	2
Administration	39	BCT representation	2
Supervision	39	Complexity of mental health	2
Covid-19	22	AHPRA renewal	1
Program duration	12	No major challenges	1
Lack of educational resources	9		

Within Assessments, the most prevalent issues include concerns about the relevance of the essay-style/CEQ/MEQ examination, lack of support and guidance in the Scholarly Project, and inconsistency in standards and structure. Personal challenges primarily focus on balancing clinical work with training, maintaining work-life balance, and adapting to new environments. Experience-related challenges involve limited exposure and opportunities, lack of leadership and management training, inadequate support in regional areas, and issues with placements. Finally, in college administration, communication gaps with the RANZCP, insufficient support, and paperwork emerged as significant challenges.

Q.15 What were the three main challenges you faced in the Fellowship training program? Main subthemes breakdown of category – Assessments, Personal and College administration. (Open-ended question categorised using NVivo)

Assessments (n=175)
<ul style="list-style-type: none"> • Relevance of Essay-style/CEQ/MEQ examination (26) <ul style="list-style-type: none"> • Cancellation of OSCE (25) • Lack of support/guidance in SP (18) <ul style="list-style-type: none"> • Level of work in WBAs/CBD (17) • Support and clarity in PWC (14) • Lack of support in preparation/information (13) • Inconsistent standards and structure (10) <ul style="list-style-type: none"> • Insufficient feedback (9) • Relevance of assessments (8) <ul style="list-style-type: none"> • AVOSCE failure (8) • Exam marking and time period (6) <ul style="list-style-type: none"> • Burden of exam (6) • Assessment hurdles (5) • Uncertainty in assessments (4) <ul style="list-style-type: none"> • Other (6)

Administration (n=39)
<ul style="list-style-type: none"> • Communication with the College (21) <ul style="list-style-type: none"> • Lack of College support (5) • Ignoring feedback (4) <ul style="list-style-type: none"> • Paperwork (4) • Clarity on InTrain changes (2) <ul style="list-style-type: none"> • Other (3)

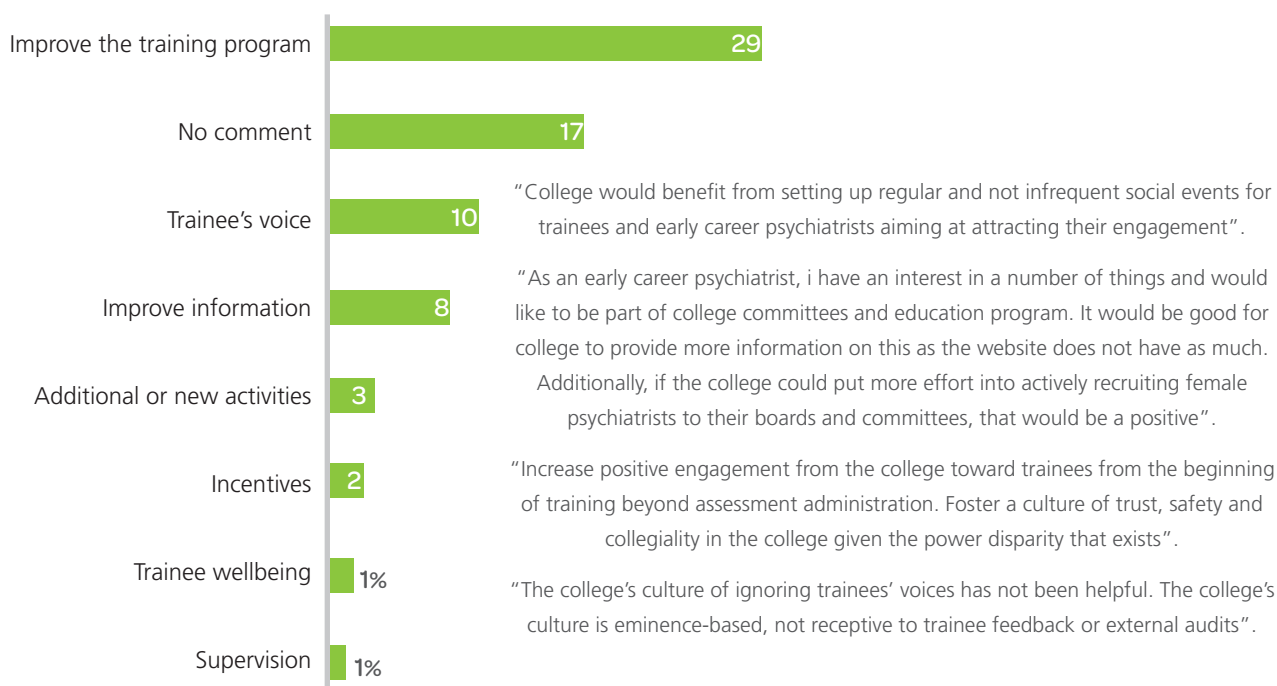
Personal Challenges (n=58)
<ul style="list-style-type: none"> • Balancing clinical work and training (13) <ul style="list-style-type: none"> • Work life balance (13) • Adoption of new (foreign) environment/Sense of isolation (9) <ul style="list-style-type: none"> • Time management (8) • Workload (4) • Financial pressure (3) • Study leave issues (3) • Physical wellbeing (1) • Poor planning (1) • Leaving profession (1) • Dealing with failure (1) • Issues with annual leave (1)

Experience (n=47)
<ul style="list-style-type: none"> • Limited exposure / opportunities (7) • Lack of leadership and management (6) <ul style="list-style-type: none"> • Placements issues (5) • Lack of support and exposure in regional area (5) <ul style="list-style-type: none"> • Lack of college contribution (3) • Challenges of SIMGs (3) • Workplace politics (2) • General experience (2) • Language barriers (2) • Connection to other trainees and service (2) • Pressure with number of attempts (1) <ul style="list-style-type: none"> • Program was not offered (1) • Other (8)

15. (Optional) Suggestions to increase engagement in College activities

Out of the total respondents, 90 chose not to answer this optional question, and 17 provided no meaningful response, leaving 44 responses for analysis. Respondents emphasise the need for improvements to the training program, including better accessibility to information and mentorship opportunities. Additionally, there is a call for greater representation and involvement of trainees in college decision-making processes, with suggestions for trainees to hold positions on the College Board and to be integrated into leadership roles. Furthermore, respondents express a desire for new activities to enhance engagement, such as external accountability mechanisms, guidance for early career psychiatrists, and opportunities for international experiences.

Q.31 Do you have any suggestions as to how the College might further increase the engagement in College activities of trainees and early career psychiatrists? (Open-ended question categorised using NVivo)



Improvement to the training program (n=29)

- Information accessibility (5)
 - Mentorship (3)
- improvement on current program (3)
- Exam preparation (2)
- Feedback on assessments (2)
 - Support from DoTs (2)
 - Webinars (2)
 - Other (11)

Trainee's voice (n=10)

- Representation at the College Board (5)
- Trainees into leadership position (2)
 - Voting rights (2)
 - Other (1)

Additional new activities (n=8)

- External accountability (1)
- Guidance for early career psychiatrists (1)
- International experiences (1)
 - Lunchtime meetings (1)
 - Recognition (1)
- Reducing governance barriers (1)
- Regular meetings with trainees (1)
- Relationship with College (1)

16. (Optional) Suggestions to provide tailored services and support

101 respondents chose not to answer this optional question, and 16 gave no meaningful response, leaving 34 responses for analysis. Respondents emphasise the importance of support mechanisms, particularly in wellbeing and mental health, and some calls for dedicated services addressing financial advice and peer support networks. Additionally, the need for mentoring programs and more academic training is recognised.

Q.32 Do you have any suggestions as to how the College might provide tailored services and support for trainees and early career psychiatrists? (Open-ended question categorised using NVivo)

Attribute	# mentions	Attribute	# mentions
No comment	16	Assessment	2
Support	11	AMC accreditation	1
More training	10	College representative	1
Approach toward trainees	4	Forums in Congress	1
Workshops & Seminars	4	InTrain feature	1
Meeting college options	2	Transparency	1
Survey option to identify trainee needs	2	Use of social media	1
Supervisor	2		

Support (n=11)

- Wellbeing and support service (4)
- Service for financial advice (2)
 - Peer support (2)
- Independent from College (1)
 - Career planning (1)
 - Already supportive (1)

More training (n=10)

- Mentoring Program (7)
- Academic training (1)
- Managerial training (1)
 - MBS training (1)

“Whatever support is provided needs to be simultaneously decoupled from the College to be seen as independent from it, yet influential within the College. Unfortunately, most trainees don’t want to rock the boat because they need to get through the training. Something akin to the Official Visitors Program in NSW but for trainees would be useful”.

“Develop partnerships with services that can be offered at discount or cheap to that group related to their training and career. E.g., financial advice etc”.

“Mentoring / peer support / supervision program for first 1-2 years”.

“More integrated and interactive approach especially right from the start of training”.

“Show some compassion to trainees who have medical conditions or difficult family circumstances”.

“By treating every trainee on a merit-based case to case basis”.

15. Further feedback to the College?

Respondents were asked to give additional feedback to the College. A significant portion of respondents provide feedback on assessments, particularly focusing on the OSCE, CEQ, and general assessment experiences. Comments range from specific feedback on exam formats to assessment load and fairness concerns. Additionally, there are a notable number of positive comments highlighting aspects such as general satisfaction with the fellowship program, support received, and academic support provided. Finally, feedback on the training program itself is varied, with comments on rotations, the timing of changes, and perceived challenges and disappointments.

Q.30 Do you have any further comments or feedback relating to your impressions of the Fellowship program or the RANZCP in general? (Open-ended question categorised using NVivo)

Attribute	# mentions	Attribute	# mentions
No comment	60	DOTs and SCOTs	2
Assessment	55	Trainee voting rights	1
Positive comments	32	Advocacy	1
Training program	11	Program is difficult	1
College attitude	9	RANZCP event participation	1
Personal	8	Bullying and Harassment	1
Supervision	7	Data collection on gender	1
Administration	7	Health system	1
Formal Education	3	PIF program	1
Lack of Support	3	Treatment to trainees	1
SIMGs	3		

Assessments (n=55)

- General feedback on OSCE (14)
 - Feedback on CEQ (10)
- General assessment feedback (5)
- Comments on assessment load (4)
 - MEQ (4)
 - SP (3)
- Feedback on exam marking (2)
 - MCQ (2)
 - PWC (2)
- Feedback on clear requirement (2)
- Feedback on discrimination (2)
 - Other (5)

Positive comments (n=32)

- General positive comments (21)
 - Assessment (3)
 - Fellowship (3)
 - Support (2)
- Academic Support (1)
 - College (1)
 - Helpful (1)

Training program (n=11)

- Rotations (2)
- Time to change (2)
- Other (7)





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