

National report on the 2016 Registrar Satisfaction Survey

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Acronyms and abbreviations

Acronym	Meaning
ACCHS	Aboriginal Community Controlled Health Service
ACE	Association of Chief Executives
ACER	Australian Council for Educational Research
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AGPT RSS	Australian General Practice Training Registrar Satisfaction Survey
AMACDT	Australian Medical Association Council of Doctors in Training
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
BMP	Bonded Medical Places
CEO	Chief Executive Officer
the Department	The Commonwealth Department of Health
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FTE	Full time equivalent
FRACP	Fellowship of the Royal Australian College of Physicians
GP	General Practice or General Practitioner (depending on context)
GPET	General Practice Education and Training Limited
KPI	Key Performance Indicator
RACGP	The Royal Australian College of General Practitioners
RIDE	Registrar Information Data Exchange
RLO	Registrar Liaison Officer
RTO	Regional Training Organisation
RTP	Regional Training Provider

Executive summary

The Australian General Practice Training Registrar Satisfaction Survey (AGPT RSS) is part of the Department of Health's monitoring and quality improvement activities. Results from the AGPT RSS are used to ensure the continuous improvement in the training of doctors in the AGPT program. The survey has been conducted annually for over a decade, and was developed to gauge the level of registrar satisfaction with the training, education and support they receive from their regional training organisation (RTO), and the quality of training and support offered by their training facilities and Colleges. The AGPT RSS also collects information on registrars' demographics, training contexts, career plans and other aspects of their training experience.

In November and December 2016, the Australian Council for Educational Research (ACER) administered the AGPT RSS online to registrars currently enrolled in active training on the AGPT program across Australia. The survey asked registrars to reflect on their experience in Semester Two, 2016. A total of 1,696 registrars responded to the survey, representing an overall response rate of 51 per cent. RTOs' response rates ranged from 46 to 63 per cent. The national response rate was sufficient to yield reliable results, with most of the Key Performance Indicators described in the report offering accuracy (at the 95 per cent confidence level) of within 2.5 per cent of the reported average scores.

Registrars were asked to reflect on their overall experience, and their experience with their RTO, training facility and College. Overall, registrars reported high levels of satisfaction. 87 per cent of registrars were satisfied with the overall education and training, 82 per cent were satisfied with the overall support and 74 per cent were satisfied with the overall administration.

In terms of registrars' satisfaction with their RTO, 83 per cent of registrars were satisfied with their overall training and education, 79 per cent were satisfied with the training advice they received, and 84 per cent were satisfied with the workshops provided.

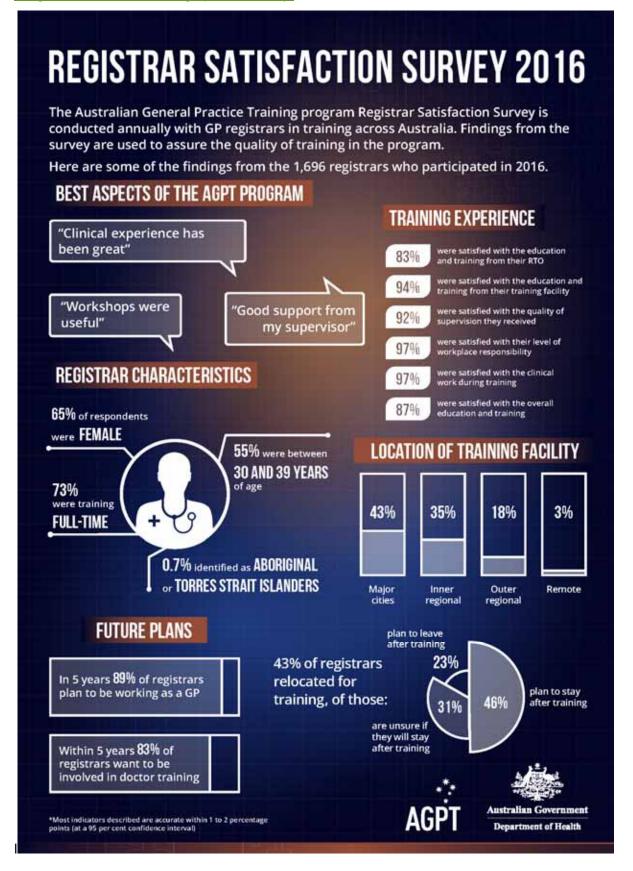
When asked to reflect on their experience with their training facility, 94 per cent of registrars were satisfied with the overall training and education they received, 92 per cent were satisfied with the quality of supervision, 97 per cent were satisfied with the clinical work and 97 per cent were satisfied with the level of workplace responsibility.

Registrars were also asked to rate their satisfaction with their College. 85 per cent of registrars were satisfied with the College's assessment, and 88 per cent were satisfied with the communication from their College.

Registrars were asked to describe the best aspects of their overall training experience, as well as the aspects of the program that they felt were most in need of improvement. When asked about the best aspects of their training, the most commonly mentioned themes included registrars' practice workplace and colleagues, supervision, the overall support, and workshops. When asked to describe the aspects of their training that needed improvement, the most commonly mentioned areas included RTO administration, communication, and the amount of training available.

Registrars were also asked about their career plans for the next five years. The majority of registrars – 89 per cent – plan to be working as a private GP in five years. Most registrars – 83 per cent - would also like to be involved in doctor training within the next five years.

Long text alternative for infographic summary.



Background and context

General practitioners (GPs) are a vital part of Australia's health care system. GPs care for a broad range of patients, with broad health needs, and are usually the first point of call Australians make for their health needs. The general practitioner's role is described by the Royal Australian College of General Practitioners (RACGP) as providing "person centred, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities". The term general practice is described by the Australian College of Rural and Remote Medicine (ACRRM) as "the medical specialty that provides primary continuing comprehensive whole-patient medical care to individuals, families and their communities"².

These definitions underpin the training that each registrar undertakes as part of the Australian General Practice Training (AGPT) program. There are a number of different organisations involved in GP training in Australia, including the two Colleges and nine regional training organisations (RTOs) who operate across 11 training regions.

RTOs are required to deliver training which meets the standards and requirements of the vocational training programs of either the RACGP and/or the ACRRM. The completion of either college vocational training program leads to a relevant college fellowship, either the Fellowship of the Royal Australian College of General Practitioners (FRACGP) or the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). Both fellowships are recognised professional qualifications to enable registrars to gain vocational recognition as GPs under the Medicare legislation. Registrars can additionally obtain the RACGP's Fellowship in Advanced Rural General Practice (FARGP). GP registrars are required to undertake the initial part of their training in a hospital environment, after which they go on to complete their core training and required skills training. Training is usually completed over a three or four year full-time equivalent (FTE) period, but training time can be extended to accommodate those doctors who wish to train on a part-time basis.

It is important that the training Australia's future GPs receive is educationally relevant, purposeful for all stakeholders and meets the specialist medical training standards of both Colleges as determined by the Australian Medical Council (AMC). This requires RTOs to deliver training programs that help registrars prepare for FACRRM, FRACGP, or FARGP, which is the endpoint of specialist GP training (under the AGPT program) and provides entrance to the specialist GP profession in Australia. In order to ensure that RTOs are delivering training to the expected standards, RTOs undergo an accreditation process every three years. Each College separately undertakes training accreditation of the RTOs, commencing with a joint review process involving an assessment of training and education systems, training information, education delivery, and training posts and supervisors.

The AGPT Registrar Satisfaction Survey (AGPT RSS) is part of the Department of Health's (the Department) monitoring and quality improvement activities. The survey results are used by the Department to monitor registrar satisfaction levels with the vocational training delivered by the RTOs. The survey was introduced by General Practice Education and Training Limited (GPET) in 2004 and has been conducted annually since then.

Project overview

The AGPT RSS is conducted by the Department for the continuous improvement of doctor training in the AGPT program. Findings from the survey will help ensure that the AGPT program delivered by the nine RTOs across 11 training regions meets the necessary standards and requirements.

The AGPT RSS has been conducted for over a decade, and collects information on the experiences of registrars in active training on the AGPT program. It has been designed to provide valid and reliable

¹ RACGP. "Becoming a GP in Australia". RACGP. http://www.racgp.org.au/becomingagp/what-is-a-gp/what-

² ACRRM. "Becoming a rural general practitioner" .ACRRM. https://www.acrrm.org.au/about-rural-and-remote-medicine (accessed 16 February 2017).

information to the Department. The survey measures registrars' satisfaction with the training, education and support they receive from their RTOs, and the quality of training and support offered by their training facilities and Colleges.

In October 2016, the Department engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation - to administer the 2016 AGPT RSS. ACER also administered the 2013, 2014 and 2015 AGPT RSS.

The 2016 AGPT RSS instrument includes a broad range of questions that ask registrars about their experience and satisfaction in the AGPT program. Respondents were asked to reflect particularly on their experience in Semester Two, 2016 when answering the questions. The 2016 AGPT RSS instrument included questions relating to:

- registrar demographics and training characteristics;
- registrars' satisfaction with their RTO and training facilities;
- registrars' experience as teachers;
- the amount of personal commitment required for training;
- registrars' involvement in training related to Aboriginal and Torres Strait Islander health;
- registrars' choice of RTO; and
- registrars' career aspirations and plans.

The 2016 AGPT RSS instrument is mostly consistent with the instrument used in the 2014 and 2015 administrations of the AGPT RSS.

This report details the background to the project, overviews the methodologies employed in the survey collection and explores the outcomes of the 2016 survey. In addition to this National Report, regional reports have been produced for each training region that details the responses of their particular cohorts. These reports offer RTOs a more nuanced insight into their registrars' satisfaction and experience.

The current iteration of the AGPT RSS instrument was initially developed in late 2012 when ACER was contracted to redevelop the instrument. ACER worked with a range of stakeholders to re-develop the survey, including representatives from GPET, the Association of Chief Executives (ACE), who represented the regional training providers (RTPs), the College CEOs, the Bi-College Accreditation Program and Registrar Liaison Officers (RLOs) from within RTPs. Based on these broad consultations, ACER developed a draft which was piloted with RLOs in early 2013 and following further refinement was administered with registrars for the 2013 AGPT RSS. In 2014, further refinement of the RSS instrument was undertaken. This primarily involved liaison with an RSS Working Group which included members of GPET, the ACE group, AMC and the Australian Medical Association Council of Doctors in Training. Ahead of the 2015 and 2016 administrations, minor changes were made to the instrument in consultation with the Department.

Methodology

The target population for the 2016 AGPT RSS included all registrars who were enrolled in the AGPT program and in active training in Semester Two, 2016. Registrars who were on extended leave during this time period, or who were training as a hospital intern (PGY1) or resident (PGY2+) were excluded from the target population.

The Department provided ACER with a population list of all registrars in the target population. This information was extracted from the Department's Registrar Information Data Exchange (RIDE) system and was validated by ACER using a range of standard technical procedures. ACER asked RTOs to check the contact details of their registrars, and identify if any registrars had been included or excluded from the population list. This process identified that the full target population for the 2016 AGPT RSS included 3,311 registrars. The survey was conducted as a census of all registrars in the target population.

As in previous administrations of the survey, the 2016 AGPT RSS was administered as an online survey. Fieldwork was conducted between 21 November and 23 December 2016, and survey responses were received until mid-January. ACER managed the fieldwork operations in-house, including sending out email and SMS invitations and reminders to registrars. RTOs provided invaluable assistance before and during

the fieldwork to promote the survey to their registrars using marketing materials designed by ACER. Survey responses were returned directly to ACER and stored securely and separately from respondents' personal information to ensure the confidentiality of their responses.

All registrars in the target population were sent a personalised email invitation at the start of fieldwork. These email invitations included a unique link which directed each registrar to the online survey. The email invitations included instructions on how to 'unsubscribe' from email or SMS reminders, and also included a link to a Plain Language Statement about the 2016 AGPT RSS³. Reminder emails and SMS were sent to registrars who had not yet completed the survey. The content of each of the reminder emails and SMS was different to try to capture the attention of registrars. Registrars who had started but had not yet completed the survey were also sent targeted reminders to thank them for their participation and encourage their completion. Up to five emails and three SMS were sent to registrars over the fieldwork period. Table 1 lists the timing of each email and SMS and the number that were sent.

Table 1: Fieldwork administration schedule

Activity	Date	Number sent
Initial email invitation sent to registrars	21 November	3,308
First SMS sent to registrars	23-25 November	2,542
Second email sent to registrars	29 November	2,759
Third email sent to registrars	7-8 December	2,436
Second SMS reminder sent to registrars	8-9 December	1,834
Fourth email sent to registrars	13 December	1,930
Third SMS reminder sent to registrars	14-15 December	1,425
Final reminder email sent to registrars	16 December	1,743

As shown in Figure 1, there was a strong level of response following each email invitation and reminder. The majority of registrars opened the email invitations and reminders that were sent out, although the proportion of emails opened decreased from 66 per cent for the initial mail out to 51 per cent of the final email reminder. It is less clear whether the SMS reminders had a strong impact on the overall response.

³ ACER. "Plain Language Statement: AGPT RSS 2016". https://www.acer.org/files/AGPT_RSS_2016_Plain_Language_Statement.pdf (accessed 16 February 2017).

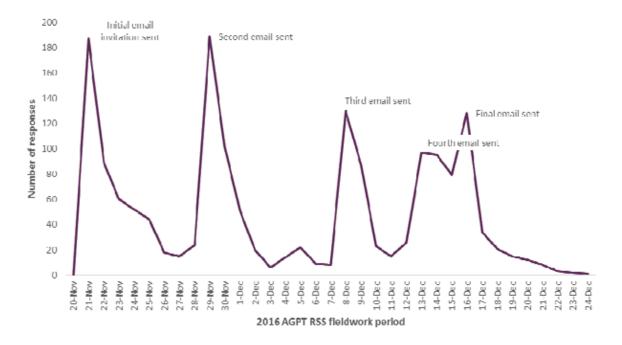


Figure 1: Number of responses received during 2016 AGPT RSS fieldwork

2016 AGPT RSS findings

Overview

This section provides an overview of the findings from the 2016 AGPT RSS and provides a snapshot of registrars' experience and satisfaction with their training in Semester Two, 2016. Where appropriate, some comparisons have been made with results from previous administrations of the AGPT RSS.

This section first reports on the overall level of response to the 2016 AGPT RSS and the demographic characteristics of the registrars who responded to the survey. Next, it reports on the training contexts of registrars. It then provides an overview of registrars' overall satisfaction, a summary of the KPI results, and then a summary of registrars' satisfaction with their RTO, training facility and College. The findings also include insights into registrars' experience of Aboriginal and Torres Strait Islander health, their involvement in teaching, their experience of the commitment required for training, their reasons for choosing their current RTO and fellowship and their future career aspirations and plans.

Frequencies are given for all items in <u>Appendix A</u> and a copy of the questionnaire is included in <u>Appendix B</u> and tabular alternatives for the figures included in the report are included in <u>Appendix C</u>.

Survey response

A total of 1,855 registrars commenced the survey. 42 registrars self-identified as being out-of-scope for the survey, as they were currently training as a hospital intern (PGY1) or hospital registrar (PGY2+), or were on extended leave from the training program. A further 117 registrars who commenced the survey dropped out before answering any questions relating to their experience or satisfaction with their training. The responses from the remaining 1,696 registrars are the focus of this report.

Overall, a 51 per cent response rate was achieved in the 2016 APGT RSS. This was higher than the response rates achieved in 2015 (37%) and 2014 (44%) but not as high as the response achieved in 2013 (77%). The level of response varied by RTO from 46 per cent to 63 per cent. As shown in Table 2, the level of response was higher among female registrars and registrars in their 20s.

Table 2: 2016 AGPT RSS response rates

Registrar char	acteristics	Population (n)	Response (n)	Response rate (%)
All registrars		3,311	1,696	51.2
Gender	Female	2,043	1,103	54.0
Gender	Male	1,267	593	46.8
	20-29 years	684	422	61.7
A ac aroun	30-39 years	1,941	932	48.0
Age group	40-49 years	559	292	52.2
	50 or older	117	50	42.7
	Australian Citizen	2,630	1,298	49.4
Citizonahin	Australian Permanent Resident	556	335	60.3
Citizenship	Australian Temporary Resident	38	17	44.7
	Other Citizenship	79	41	51.9
ADF status	Australian Defence Force registrar	95	32	33.7
Indigenous status	Aboriginal or Torres Strait Islander registrar	23	12	52.2

(n=3,311)

Respondent characteristics

Of the 1,696 registrars who responded to the 2016 AGPT RSS, almost two-thirds were women. This reflects the larger proportion of female registrars (62%) currently training in the AGPT program. The median age of registrars who responded was 33, and 55 per cent of respondents were aged in their 30s. Around half of all respondents had at least one dependent. Table 3 summarises some of the key characteristics of the registrars who responded to the 2016 AGPT RSS.

Table 3: 2016 AGPT RSS respondent characteristics

Registrar cha	aracteristics	2013 n	2013 %	2014 n	2014 %	2015 n	2015 %	2016 n	2016 %
Gender	Female	1,248	64.3	842	66.9	809	65.6	1,103	65.0
Gender	Male	694	35.7	416	33.1	424	34.4	593	35.0
	20-29 years	500	25.7	352	27.9	324	26.3	422	24.9
A == ======	30-39 years	999	51.4	634	50.3	654	53.0	932	55.0
Age group	40-49 years	347	17.9	207	16.4	210	17.0	292	17.2
	50 or older	96	4.9	68	5.4	46	3.7	50	2.9
	Australian Citizen	1,199	64.8	860	68.2	865	70.1	1,298	76.8
Citizonobin	Australian Permanent Resident	447	24.2	302	23.9	282	22.9	335	19.8
Citizenship	Australian Temporary Resident	49	2.6	37	2.9	37	3.0	17	1.0
	New Zealand Citizenship	0	0.0	26	2.1	22	1.8	33	2.0
ADF status	Australian Defence Force registrar	43	2.3	16	1.3	21	1.7	32	1.9
Indigenous status	Aboriginal or Torres Strait Islander registrar	18	0.9	8	0.6	7	0.6	12	0.7
	Major cities	924	47.6	495	39.4	536	43.7	722	43.5
Location	Inner regional area	678	34.9	487	38.8	432	35.2	578	34.8
Location	Outer regional area	280	14.4	219	17.4	217	17.7	300	18.1
	Remote area	60	3.1	55	4.4	41	3.3	59	3.6

(2013: n=1,942; 2014: n=1,261; 2015: n=1,234; 2016: n=1,696)

The registrars who responded to the 2016 AGPT RSS were from diverse backgrounds. Only half of all respondents were born in Australia. Around seven per cent of registrars who responded were born in India, five per cent in Malaysia and three per cent from Myanmar, China, Sri Lanka or the United Kingdom. Around three-quarters of respondents were Australian citizens. Less than one per cent of respondents identified as being of Aboriginal or Torres Strait Islander descent.

Just over a quarter of registrars were international medical graduates. While just over half of all registrars who graduated from Australian medical schools were training in Australian major cities, only 16 per cent of international medical graduates were undertaking their training in one of Australia's major cities. This difference is likely due to the Section 19AB restrictions of the *Health Insurance Act 1973*⁴ which generally requires doctors who received their training at an international medical school to work in a district of workforce shortage, which tend to be concentrated in regional and remote parts of Australia.

Training contexts of respondents

There are a number of decisions that doctors make while applying for the AGPT program, and when commencing their training to become a GP. These include choosing a training qualification, deciding whether to undertake training full-time or part-time, deciding on whether to take on the general or rural pathway, and selecting their RTO.

Around 35 per cent of registrars had some formal experience of working as a GP through the Prevocational General Practice Placements Program (PGPPP) or First Wave Scholarship. A third of registrars had completed the PGPPP before commencing their current fellowship, and two per cent had completed a First Wave Scholarship. Fifteen per cent had completed at least some training towards a non-GP fellowship.

Most registrars had decided on which fellowship pathway to take when they applied to the AGPT program (84%). Only seven per cent of registrars did not know about both college pathways before commencing the AGPT program, and only 1.5 per cent of registrars are still unsure which fellowship pathway they will take.

As shown in Table 4, almost three-quarters of registrars surveyed in the 2016 AGPT RSS were training full time. A much higher proportion of male registrars (89%) were training full-time than female registrars (64%). This difference is likely due to female registrars being more likely to be a primary caregiver. Although the same proportion of both male and female registrars - 52 per cent – have dependents, 87 per cent of male registrars with dependents are working full-time, compared with only 43 per cent of female registrars with dependents.

Ninety-three per cent of registrars were working towards the Fellowship of the Royal Australian College of General Practitioners (FRACGP). Eight per cent of registrars were working towards the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) and six per cent towards the Fellowship in Advanced Rural General Practice (FARGP). As shown in Table 4, a small proportion (6%) of registrars were working towards more than one fellowship.

Registrars were also asked about the training they did during Semester Two, 2016. Most registrars (62%) are currently training in either their GPT1, GPT2 or GPT3 term. As shown in Table 4, ten per cent of registrars indicated that they were training in GPT1 Term. This differs from the previous administrations of the AGPT RSS, where more than 30 per cent of registrars were training in GPT1 Term. This is likely due to the difference in the timing and focus of the 2016 AGPT RSS, which was conducted later in the year than in 2013 to 2015, and also focused on registrars' experience in Semester Two, rather than on Semester One.

Almost a third of registrars are currently undertaking extended skills training. Nine per cent of registrars are currently undertaking hospital based extended skills training. Around four per cent of registrars are currently on extension, either awaiting their fellowship, or awaiting their assessment. As shown in Table 4, smaller proportions of registrars are undertaking Primary Rural and Remote Training, Advanced Rural Skills

⁴ Department of Human Services. "Medicare provider number for overseas trained doctors and foreign graduates". https://www.humanservices.gov.au/health-professionals/services/medicare/medicare-provider-number-overseas-trained-doctors-and-foreign-graduates (accessed 15 February 2017).

Training, Special Skills, Advanced Specialist Training, or an Academic Post. Note that some registrars indicated that they were undertaking training in more than one of these areas.

Table 4: Registrar training contexts

Training contexts		2013 n	2013 %	2014 n	2014 %	2015 n	2015 %	2016 n	2016 %
	0.0 to 0.2	22	1.1	17	1.4	21	1.7	25	1.5
	0.3 to 0.4	127	6.6	77	6.1	62	5.1	62	3.7
Full-time equivalent load	0.5 to 0.6	220	11.4	127	10.1	135	11.0	234	13.9
1044	0.7 to 0.8	164	8.5	147	11.7	109	8.9	137	8.1
	0.9 to 1.0	1,402	72.5	888	70.7	900	73.3	1,230	72.9
	FRACGP only	1,676	87.2	1,058	84.8	1,040	84.3	1,466	87.3
	FACRRM only	69	3.6	47	3.8	52	4.2	82	4.9
	FARGP only	43	2.2	36	2.9	28	2.3	32	1.9
Fellowship	FRACGP & FACRRM	36	1.9	29	2.3	27	2.2	34	2.0
'	FRACGP & FARGP	74	3.9	63	5.1	63	5.1	52	3.1
	FACRRM & FARGP	6	0.3	3	0.2	0	0.0	5	0.3
	FRACGP, FACRRM & FARGP	17	0.9	11	0.9	9	0.7	9	0.5
	GPT1 Term	682	35.1	480	38.1	493	36.0	165	9.8
	GPT2 Term	214	11.0	121	9.6	116	8.5	597	35.4
	GPT3 Term	533	27.4	331	26.2	328	24.0	308	18.3
	Primary Rural and Remote Training (PRRT)	21	1.1	17	1.3	22	1.6	43	2.5
	Extended Skills	304	15.7	195	15.5	202	14.8	500	29.6
Current training	Advanced Rural Skills Training (ARST)	67	3.5	47	3.7	33	2.4	30	1.8
	Special Skills	20	1.0	5	0.4	10	0.7	5	0.3
	Advanced Specialist Training (AST)	36	1.9	25	2.0	22	1.6	49	2.9
	Academic Post	20	1.0	10	0.8	12	0.9	12	0.7
	Rural Medical Generalist Program	0	0.0	15	1.2	7	0.5	12	0.7
Rural Generalist Program	In Rural Generalist Program	53	2.8	51	4.1	37	3.0	79	4.7

(2013: n=1,942; 2014: n=1,261; 2015: n=1,234; 2016: n=1,696)

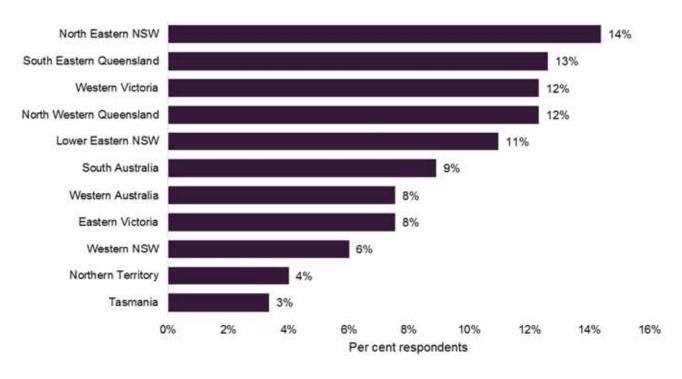
Registrars were asked to indicate whether they were training in specific areas of Extended Skills or Advanced Specialised Training during Semester Two, 2016. A quarter of registrars provided a response. The most common areas where registrars were undertaking specific training included Aboriginal and Torres Strait Islander health (5%), Obstetrics (4%), Accident and Emergency (3%) and Women's Health (3%), as shown in Table 5.

Table 5: Registrar Extended Skills or Advanced Specialised Training

Extended Skills or Advanced Specialised Training	%
Aboriginal and Torres Strait Islander Health	4.6
Accident and Emergency	3.2
Anaesthetics	1.4
Men's Health	0.6
Mental Health	1.4
Obstetrics and Gynaecology	3.9
Paediatrics	2.3
Palliative Care	1.4
Population Health	0.3
Remote Health	0.7
Small Town Rural General Practice (STRGP)	1.8
Surgery	0.7
Women's Health	2.9
Academic Post	0.3
Dermatology	0.8
Geriatric Medicine	0.4
Medical Education	0.4
Skin Cancer Medicine	0.8
Other	2.4

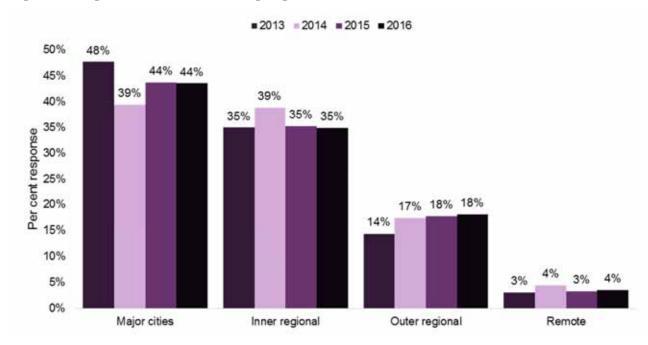
(n=1,696)

Figure 2 shows the training region for responding registrars. The majority of registrars are currently training in New South Wales, Queensland and Victoria. Figure 3 shows that, similar to previous administrations of the AGPT RSS, more than half of registrars who responded to the 2016 AGPT RSS were training in regional or remote areas of Australia.



(n=1,696)

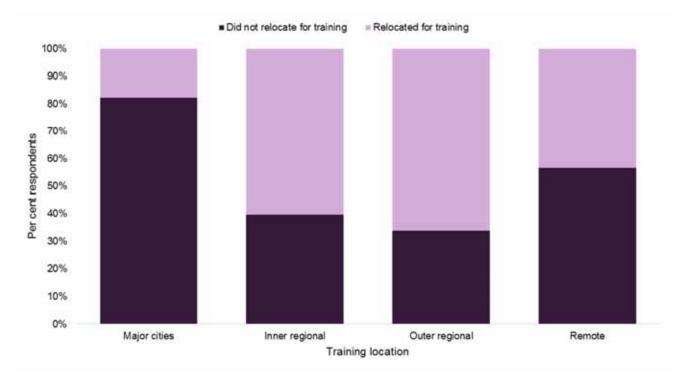
Figure 2: Registrars' current training region



(2013: n=1,942; 2014: n=1,256; 2015: n=1,226; 2016: n=1,659)

Figure 3: Location of registrars' current training facility in 2013, 2014, 2015 and 2016

Forty-three per cent of registrars moved to their current location to undertake training. As shown in Figure 4, the rate of relocation was higher among registrars training in regional or remote areas. Among registrars currently training in a major city, only 18 per cent moved to their current location for training. More than 60 per cent of registrars working in regional or remote locations moved to undertake training.



(n=1,659)

Figure 4: Proportion of registrars who relocated for training by training location

Overall satisfaction

Registrars were asked to reflect on their training to date and to rate their overall satisfaction with the administration in the program, their education and training, and the support. As shown in Table 6, registrars are relatively satisfied with their overall training experience, particularly with their education and training. Most registrars were satisfied with the education and training (87%), support (82%) and administration (74%). Although most registrars are satisfied with their experience, the finding that some registrars (10%) are very dissatisfied with the administration in the program suggests that there is space for improvement.

Table 6: Overall satisfaction with training (response distribution %)

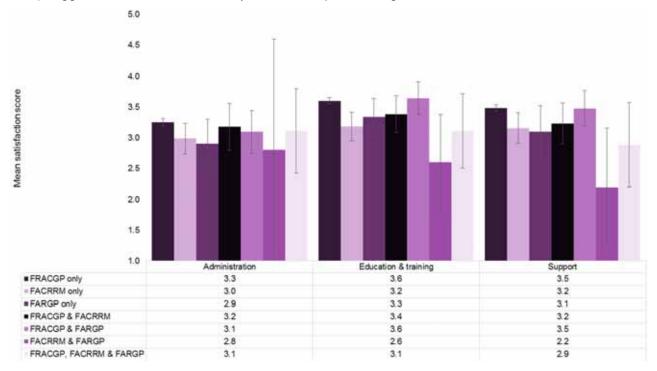
Area	Very dissatisfied	2	3	4	Very satisfied
Administration	10.1	15.9	28.7	32.2	13.1
Education & training	3.2	10.1	29.2	41.8	15.8
Support	6.5	11.4	29.1	36.6	16.4

(n=1,677)

When compared with the results from the 2015 AGPT RSS, registrars' satisfaction reported in the 2016 AGPT RSS is lower. In the 2015 AGPT RSS, 87 per cent of registrars indicated they were satisfied with the administration, compared with 74 per cent in the 2016 AGPT RSS. Similarly, levels of satisfaction with education and training appear to have decreased somewhat from 93 per cent in 2015 to 87 per cent in 2016, and satisfaction with support has decreased from 90 per cent in 2015 to 82 per cent in 2016.

Looking at the average rates of overall satisfaction, there are no significant differences between female and male registrars, Aboriginal or Torres Strait Islander registrars and non-Indigenous registrars, and only slight differences between registrars training in different regions and at different RTOs. There are some small significant differences in satisfaction between registrars training towards different fellowships, registrars training in different locations and some differences in satisfaction with administration found by age and work fraction.

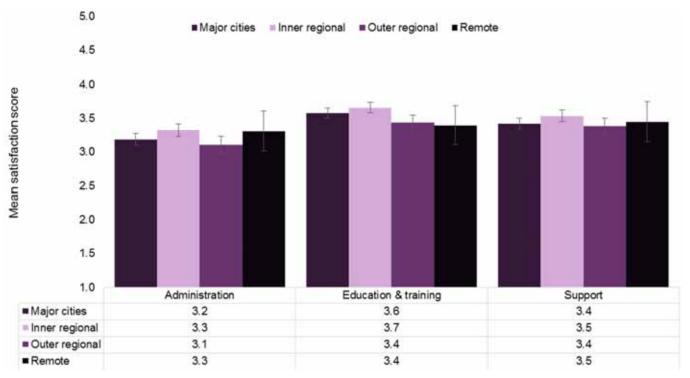
As shown in Figure 5, there is a small but statistically significant differences in registrars' ratings of their overall satisfaction with education and training between registrars currently undertaking the FRACGP, and those undertaking FACRRM. Although this difference is statistically significant, Cohen's effect size value (d=0.41) suggests that this difference only has a small practical significance.



(n=1,666)

Figure 5: Overall satisfaction by fellowship

Similarly, there is a small significant difference in the overall satisfaction ratings for administration and education and training between registrars currently training in inner regional areas and outer regional areas (see Figure 6). Again, although these differences are statistically significant, Cohen's effect size values suggest that the differences have little practical significance (*d*<0.25).



(n=1,642)

Figure 6: Overall satisfaction by training location

Satisfaction by KPIs

The information collected from registrars through the AGPT RSS is used to generate a number of Key Performance Indicators (KPIs). These KPIs provide an overview of registrars' level of satisfaction with various aspects of the AGPT program.

A number of the KPIs are composite variables, meaning that they are a combination of registrars' responses to two or more questions in the survey. For these composite variables the per cent of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score. KPI1 is a combination of the overall satisfaction items shown in Table 6 relating to administration, education and training, and support. KPI 2 is a combination of seven items relating to support and training provided by RTOs, and is calculated only for registrars who *did not* report that they had an adverse incident during their training. KPI 3 is the same as KPI 2, but instead is recorded only for registrars who *did* experience an adverse incident during their training. The other composite variable is KPI 6 which includes two variables relating to resources at registrars' RTO and at registrars' training facility.

A summary of the KPIs are shown in Table 7 along with their error margins reported at a 95 per cent confidence interval. The KPIs for 2016 are statistically reliable to within 2.5 per cent, apart from KPI 3 which is statistically reliable to within five per cent.

Table 7: Key Performance Indicators 2016

Key Performance Indicators	Satisfied (%)	Error margin (%)
KPI 1: Satisfaction with training*	75.6	±2.1
KPI 2: Satisfaction with RTO support (no incident)*	72.4	±2.3
KPI 3: Satisfaction with RTO support (with incident)*	81.3	±5.2
KPI 4: Satisfaction with supervision	92.0	±1.3
KPI 5: Satisfaction with practice location	95.6	±1.0
KPI 6: Satisfaction with infrastructure / resources*	87.8	±1.6

Figure 7 shows the KPI results from the 2013, 2014, 2015 and 2016 AGPT RSS. This shows that in 2016 the results for KPI 1, KPI 2, and KPI 6 are significantly lower in 2016 than in previous administrations of the AGPT RSS. This suggests that in 2016 registrars are somewhat less satisfied with training, RTO support and the infrastructure and resources than in previous administrations of the AGPT RSS.

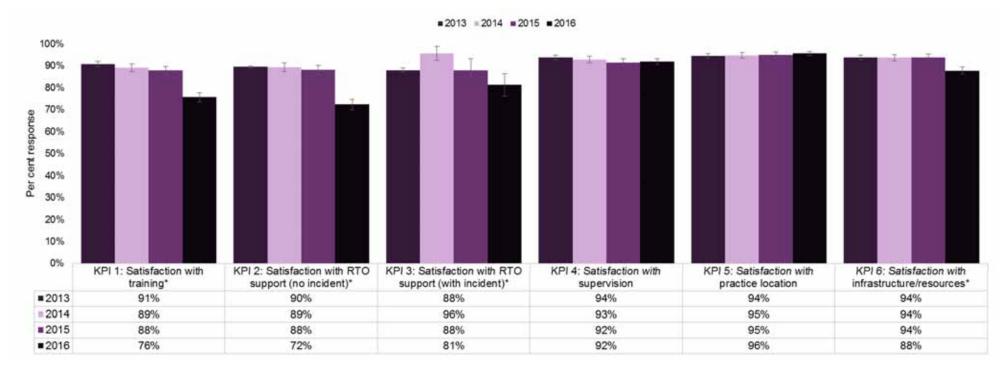


Figure 7: Key Performance Indicators 2013, 2014, 2015 and 2016

Satisfaction with RTOs

In addition to measuring their broad perceptions of training, registrars were also asked a series of questions about their experience with their RTO. These included questions about their satisfaction with training advice received, induction and orientation, feedback on training progress, the training and education resources available, workshops provided by their RTO, and their reasons for selecting their RTO.

Table 8 lists the reasons given by registrars for selecting their current RTO. As shown here, location was the key reason given by registrars for selecting their current RTO. Other reasons given by a large number of registrars include training opportunities, and availability of support from family or partner.

Table 8: Reasons for choosing current RTO

Reason given	Per cent (%)
Location	68.5
Training opportunities	29.0
Family or partner support	26.0
Reputation of the RTO	17.2
Lifestyle	16.9
Career links with region	13.7
Accommodation	10.7
Did not choose current RTO (transferred from RTP)	7.6
Did not have a choice over RTO (includes ADF, BMP, Foreign Doctor)	4.0
Only RTO operating in State or region	2.2
Through selection process	0.8
Other reasons	1.2

(n=1,532)

Registrars were asked about their satisfaction with various aspects of their current RTO. Specifically they were asked to rate the quality of the overall training and education experience, quality of training advice, the induction or orientation provided, feedback on training progress, workshops provided and the training and education resources. The distributions of responses for these areas are shown in Table 9.

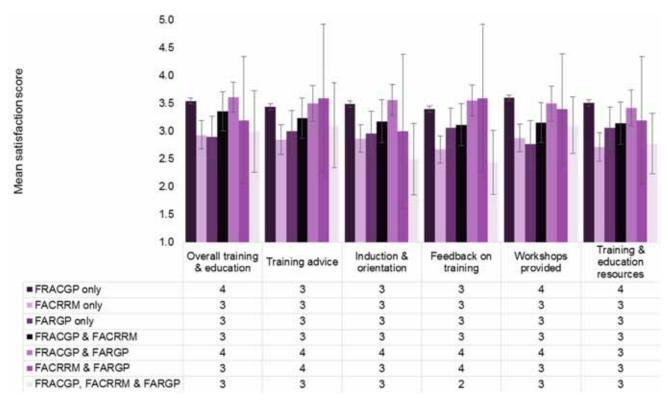
Table 9: Satisfaction with different aspects of RTO (response distribution %)

Area	Very dissatisfied	2	3	4	Very satisfied
Overall training & education	4.6	12.3	27.4	39.6	16.1
Training advice	7.5	13.3	27.4	35.7	16.1
Induction & orientation	5.9	12.1	30.7	34.3	17.1
Feedback on training	5.9	14.7	31.3	34.3	13.9
Workshops provided	5.6	10.3	27.5	38.1	18.5
Training & education resources	6.1	11.6	29.1	37.2	15.9

(n=1,672)

When response scores were averaged across the scale of one to five, all aspects of registrars' RTOs recorded an average score of between 3.3 and 3.6. Looking at the average rates of RTO satisfaction, there are no significant differences between female and male registrars, Aboriginal or Torres Strait Islander registrars and non-Indigenous registrars, or differences by age or work fraction. There is a small but statistically significant difference in the satisfaction ratings of the quality of training advice between registrars training in inner regional areas and outer regional areas, but Cohen's effect size value (d=0.19) suggests that this difference has little practical significance.

Some significant differences have also been found in the level of satisfaction between registrars studying towards different fellowships. As shown in Figure 8, registrars undertaking FACRRM only reported significantly lower levels of satisfaction with all aspects of their RTO than registrars undertaking FRACGP only. Registrars undertaking FARGP only also reported significantly lower levels of satisfaction with their overall education and training and workshops provided than registrars undertaking FRACGP only. Cohen's effect size value suggests that these differences all have a moderate practical significance (*d*>0.50).



(n=1,661)

Figure 8: Satisfaction with RTO by fellowship

Registrars were asked about their experience with receiving support following an adverse event or incident. A small proportion of registrars (13%) reported that they had received support from their RTO for an adverse event or incident. Most of these registrars (82%) were satisfied with the way in which their RTO supported them.

Only 30 per cent of registrars were familiar with their RTO's complaints process, and 22 per cent were unaware that a complaints process existed. Although many registrars were unfamiliar with the complaints process, most registrars (61%) indicated that they would be able to access the complaints process readily if needed. Less than two per cent of registrars indicated that they had made a formal written complaint about their RTO.

Registrars were given the opportunity to provide more detailed written feedback on the best aspects of their training experience, and areas of their experience most needing improvement. The 'best aspects' question received a response from 1,146 registrars. Each of these responses were reviewed in detail and thematically coded onto one or more codes. Many of the responses touched on multiple aspects of their training experience. Table 10 lists the ten most frequently mentioned aspects of registrars' training experience. Among registrars who provided written feedback, the most commonly mentioned best aspects of registrars' experience included their practice workplace and colleagues (30%), their supervisor or the supervision they received (23%), the overall support in the program (23%), and the workshops or education days (21%).

Table 10: Best aspects of training experience

Best aspects	Per cent (%)
Practice workplace and colleagues	29.8
Supervisor or supervision	23.5
Overall support	22.6
Workshops or education days	21.2
Clinical or procedural experience	12.0
Exposure to range of cases or patients	8.7
In-practice teaching	6.7
Learning opportunities	5.8
Medical educators	5.7
RTO support	4.5

(n=1,146)

When asked about the areas of their experience most in need of improvement, 1,117 registrars offered suggestions. As with the 'best aspects' question, each of the 'needs improvement' responses were reviewed in detail and thematically coded onto one or more categories. Many of the responses touched on multiple aspects of their training experience. Among registrars who provided a response, the most commonly mentioned aspects of their experience that were in need of improvement were the RTO administration (22%), issues with communication (16%), wanting to have more workshops or other training opportunities (12%), the content or focus of the training curriculum (9%), exam preparation or support (9%) and their RTO generally (9%). Table 11 shows the top ten most frequently cited aspects of training experience that registrars mentioned were in need of improvement.

Table 11: Aspects of training experience most in need of improvement

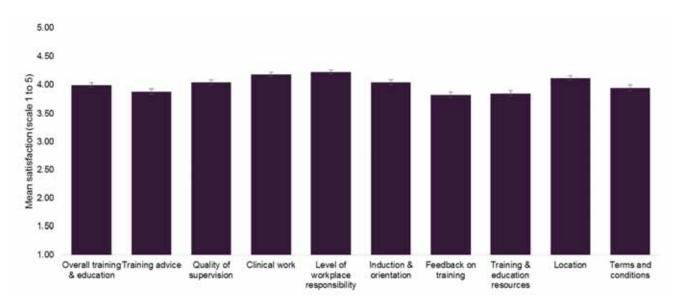
Needs improvement	Per cent (%)
RTO administration	21.8
Communication	15.8
Amount of training / training availability	11.7
Training or curriculum content and focus	9.5
Exam preparation / support	9.3
RTO overall	9.2
Training advice	7.3
Changes to AGPT program / training requirements / training delivery	6.6
Placement process	6.5
Workshops or education days	6.2

(n=1,117)

Satisfaction with training facilities

Training facilities have an important role in registrars' training experience. The 2016 AGPT RSS included several questions that asked registrars about their satisfaction with various aspects of their training facility and whether an appropriate amount of training was provided in several key areas.

The results suggest that registrars are, on the whole, very satisfied with their experience in their training facilities, with registrars reporting average satisfaction scores of between 3.8 and 4.2 on a five point scale. As shown in Figure 9, registrars are most satisfied with the level of workplace responsibility they are given, and their clinical work.



(n=1,675)

Figure 9: Satisfaction with different aspects of training facilities

Table 12 provides further details of the overall distribution of responses for each of the training facility satisfaction items. This also highlights the satisfaction that registrars have with their training facilities.

Table 12: Satisfaction with different aspects of training facilities (response distribution %)

Area	Very dissatisfied	2	3	4	Very satisfied
Overall training & education	2.0	4.5	18.6	42.1	32.9
Training advice	2.2	6.5	21.7	39.9	29.7
Quality of supervision	2.4	5.6	15.7	38.1	38.1
Clinical work	0.7	1.9	13.6	46.0	37.8
Level of workplace responsibility	0.6	1.9	12.2	45.4	39.9
Induction & orientation	1.5	5.0	17.3	40.7	35.5
Feedback on training	2.6	7.0	23.4	39.1	27.9
Training & education resources	2.1	7.1	22.7	39.6	28.5
Location	0.9	3.5	17.3	40.0	38.4
Terms and conditions	2.1	5.4	20.0	41.3	31.3

(n=1,675)

Satisfaction with Colleges

Registrars were also asked about their experiences with the College that oversees the fellowship that they are working towards, specifically about their satisfaction with the assessment, curriculum, communication and collegiate engagement at their College. As with other aspects of their experience, the majority of registrars gave positive responses when asked about their satisfaction with their College.

On the scale from one to five, for each of the four areas of satisfaction, the average scores given by registrars were between 3.3 and 3.5. Registrars rated the curriculum the most positively. Table 13 provides a summary of the responses given by registrars to these questions about their College. No statistically significant differences were found in registrars' satisfaction with College for registrars studying towards different fellowships.

Table 13: Satisfaction with different aspects of Colleges (response distribution %)

Area	Very dissatisfied	2	3	4	Very satisfied
Assessment	5.2	10.2	37.4	36.7	10.5
Curriculum	3.2	8.7	34.9	40.9	12.4
Communication	4.3	11.2	37.7	35.3	11.5
Collegiate engagement	4.6	13.8	38.1	32.6	10.8

(n=1,664)

Aboriginal and Torres Strait Islander Health

Registrars were asked a number of questions relating to their experience, future plans and support in working in Aboriginal and Torres Strait Islander Health. Five per cent of registrars were currently undertaking Extended Skills or Advanced Specialised Training in Aboriginal or Torres Strait Islander Health, and seven per cent of registrars were currently training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service.

The proportion of registrars training in outer regional and remote Australia training in Aboriginal and Torres Strait Islander Health (16%) is much higher than among registrars training in inner regional areas or a major city (4%). Sixteen per cent of registrars are considering training in an Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Service (ACCHS), around a third of registrars are unsure about whether they would like to train in an AMS or ACCHS. Close to half of all registrars have not yet considered working in Aboriginal and Torres Strait Islander Health.

91 per cent of registrars have had an orientation to Aboriginal and Torres Strait Islander health and 86 per cent have received training in Aboriginal and Torres Strait Islander cultural safety training. Among registrars who have received cultural safety training, 85 per cent indicated that this had prepared them for clinical work satisfactorily.

Insights into the commitment required for training

Registrars were asked a number of questions relating to the level of commitment that they perceive is required for undertaking training. They were asked to reflect on their expectations and their awareness of the commitment required for training prior to commencing, as well as how they found out about the level of commitment required, whether this influenced their training decisions, and how well their expectations around training match the reality.

Table 14 provides an indication of the level of awareness that registrars had about various aspects of the commitment required to complete their fellowship prior to commencing training. The results suggest that although only a small proportion of registrars were 'very much' aware of the level of commitment required for each of these aspects of training, in general most registrars were relatively aware of the levels of commitment required.

Table 14: Understanding of commitment required (response distribution %)

Type of commitment	Not at all	2	3	4	Very much
Time in face-to-face education with RTO	9.3	17.7	34.2	29.0	9.7
Time in in-practice education & training	5.4	13.6	33.4	35.9	11.6
Time in self-directed learning	3.6	12.9	33.6	36.6	13.3
Travel	6.7	17.7	36.0	30.4	9.2
Practice location	4.8	13.4	33.1	36.6	12.1
Intellectual demands	3.1	10.0	34.8	40.6	11.5

(n=1,563)

Registrars were asked about how they found information about the level of personal commitment required. The most common way in which registrars sought information about the level of commitment required was through informal discussions with current or former registrars (71%). Around a third of registrars found information about the personal commitment required through the AGPT website or documentation, RTO website, documentation or orientation, or through RTO seminars or sessions. Around a quarter used the college websites or documentation to help inform them about the personal commitment needed for GP training.

Registrars were asked about whether their understanding of the level of commitment required to undertake training impacted on their training choices. Responses are shown in Table 15, which shows that the personal commitment required did influence around half of all registrars in their choice to specialise in General Practice and their choice of GP fellowship. Almost half of all registrars indicated that their understanding of the level of commitment required also influenced their decision to enrol either full-time or part-time.

Table 15: Impact on training choices based on commitment required (response distribution %)

Training choice	No	Yes	Unsure
Specialisation in General Practice	39.3	53.0	7.7
GP fellowship(s) (e.g. FACRRM, FRACGP, FARGP)	41.4	53.2	5.4
RTO	65.9	26.8	7.3
Whether undertook a rural pathway	57.4	36.6	6.1
Whether enrolled full-time or part-time	50.0	46.1	3.9
The timing of commencing training	56.5	38.6	4.9

(n=1,549)

When asked to indicate whether the level of commitment that they anticipated for training met the actual level of commitment required in their training, only small proportions of registrars indicated that there had been much more or much less commitment than expected. As shown in Table 16, on average, registrars indicated that their expectations around training were quite closely matched to their actual experience. As in 2014 and 2015, the extent to which registrars are expected to devote time in self-directed learning appears to be an aspect of training where registrars are more likely to report that they needed to spend more time in self-directed learning than expected. More than 30 per cent of registrars indicated that there was more commitment than expected in terms of time required in self-directed learning, intellectual demands and travel.

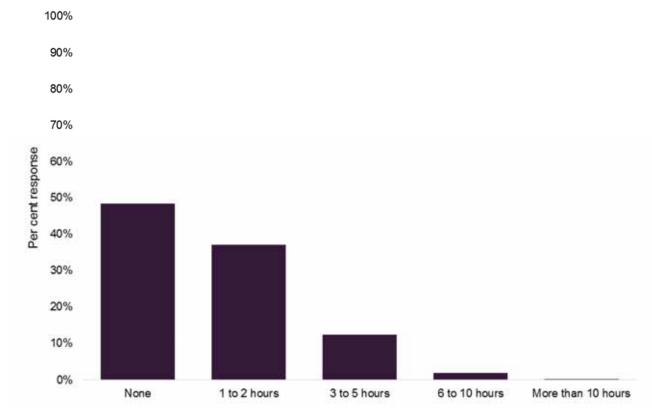
Table 16: Match between expectation and actual commitment required (response distribution %)

Type of commitment	Much less commitment than expected	2	3	4	Much more commitment than expected
Time in face-to-face education with RTO	7.8	10.7	59.2	18.9	3.4
Time in in-practice education & training	3.5	8.7	66.6	17.8	3.4
Time in self-directed learning	0.7	2.2	57.1	29.1	10.9
Travel	1.8	6.4	60.6	23.2	8.1
Practice location	1.4	4.4	67.1	20.4	6.8
Intellectual demands	1.0	2.7	62.3	27.2	6.9

(n=1,539)

Registrars as teachers

The 2016 AGPT RSS included a series of questions asking registrars about their experience teaching others. As shown in Figure 10, just over half of all registrars spend some time teaching each week, with most spending up to five hours per week teaching. Only two per cent of registrars spent six hours or more teaching in an average week.



(n=1,671)

Figure 10: Number of hours registrars spend teaching in average week

Registrars who indicated that they taught others for at least one hour per week were asked to rate their satisfaction with the support provided by their RTO and by their training facility for their teaching. Registrars recorded an average satisfaction score of between 3.2 and 3.9 and Table 17 shows the distribution of registrars' responses to these questions. This indicates that most registrars are satisfied with the support offered by their RTO and training workplace for their teaching.

Table 17: Satisfaction with teaching experience (response distribution %)

Aspects of teaching experience	Very dissatisfied	2	3	4	Very satisfied
Availability of support from RTO	8.2	14.3	33.6	30.3	13.7
Quality of support from RTO	8.3	15.0	34.2	29.6	12.9
Availability of support from training facility	1.9	5.1	24.2	42.0	26.8
Quality of support from training facility	1.3	6.4	24.0	40.9	27.4

(n=847)

Registrars were also asked to reflect on their future plans and aspirations relating to teaching others. Within the next five years, 83 per cent of registrars would like to be involved in teaching in some way. As shown in Table 18, most registrars would like to be involved in supervising medical students or registrars, and a third aspire to work in medical education. Registrars who are currently involved in teaching are more likely to want to continue teaching other doctors in future.

Table 18: Aspirations for involvement in medical training

Plans within next five years	Per cent (%)
Supervising medical students	64.9
Supervising registrars	54.0
Working as a medical educator	33.3
Not involved in doctor training	16.9

(n=1,519)

Registrars' future plans

The 2016 AGPT RSS also asked registrars to reflect on their future plans for their career more generally, with a focus on the next five years. Registrars were asked about their confidence in their current career path, what they would like to be doing in five years in terms of their medical career, and if they moved to undertake training, whether they plan to remain or leave their current region.

Most registrars are very confident that general practice is the right career for them, as shown in Table 19. Only very small proportions of registrars are not very confident that general practice is the right career for them or that their GP fellowship is the right one for them.

Table 19: Confidence of registrars in their current career path (response distribution %)

Confident that:	Not very confident	2	3	4	Very confident
General practice is the right career for you	2.7	3.6	12.9	35.2	45.6
GP fellowship chosen is correct for you	2.1	2.7	12.2	35.2	47.8

(n=1.678)

Registrars were also asked about their career plans five years into the future and were asked to select all options that relate to their future plans (see Table 20). This indicates that most registrars plan to be working as a GP. A total of 89 per cent of registrars plan to work as a private GP, with just over half of those planning to work part-time. Female registrars planning to work as a private GP are much more likely to be planning to work part-time (69%) than male registrars (30%).

Around a third of registrars plan to be working in medical education or training, and smaller proportions of registrars plan to be working in community-based medicine or hospital-based procedural work. Only one per cent of registrars indicated that they do not plan to be working as a GP in five years, and only a small proportion are planning to be doing something else. Many registrars who plan to be doing something else are planning to be working in academia or research settings, or working in another area of health, such as Aboriginal Health, Public Health, Sexual Health or Sports Medicine.

Table 20: Career plans in five years' time

Career plans	Per cent (%)
Working full-time as a private GP	43.1
Working part-time as a private GP	50.1
Working in medical education or training	30.4
Working in community-based medicine	18.9
Working in hospital-based procedural work	17.3
Unsure about GP working career	8.2
Not working as a GP	1.3
Doing something else	5.9

(n=1,537)

Registrars who moved to their current location to undertake training were asked about their plans to remain in their current location or relocate immediately after finishing training. Most registrars (71%) had initially planned to remain in their current location after finishing training. When asked about their current plans, 46 per cent of registrars plan to stay in their current location, 23 per cent plan to relocate after completing their training and 31 per cent are unsure. As shown in Figure 11, similar proportions of registrars currently training in major cities, regional or remote areas plan to remain in their current region after completing their training.

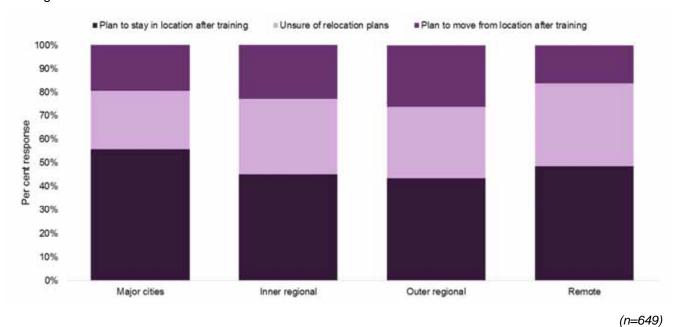


Figure 11: Registrars intentions relating to remaining or leaving current region by location

Appendix A: 2016 AGPT RSS item frequencies

Table 21 to Table 33 include the item frequencies for the closed items included in the 2016 AGPT RSS.

Table 21: 2016 AGPT RSS item frequencies - demographic and contextual items

Item	Response options	N	%
	0.0 to 0.2	25	1.5
At what full time equivalent (FTE) load were you employed during Semester	0.3 to 0.4	62	3.7
	0.5 to 0.6	234	13.9
Two, 2016?	0.7 to 0.8	137	8.1
	0.9 to 1.0	1230	72.9
If you are currently training in a hospital, which of the following terms	Undertaking hospital based extended skills training	149	9.3
are you undertaking?	I am not undertaking training in a hospital	1452	90.7
	GPT1 Term	165	9.8
	GPT2 Term	597	35.4
	GPT3 Term	308	18.3
	Primary Rural and Remote Training (PRRT)	43	2.5
	Extended Skills	500	29.6
M/b of training account of the last	Advanced Rural Skills Training (ARST)	30	1.8
What training were you undertaking during Semester Two, 2016?	Special Skills	5	0.3
daming compositor 1 wo, 2010.	Advanced Specialist Training (AST)	49	2.9
	Academic post	12	0.7
	Rural Medical Generalist Program	12	0.7
	Extension (awaiting fellowship, assessment, academic post)	72	4.3
	Elective	13	0.8
	Other	11	0.7
	FRACGP	1561	92.8
Which fellowship(s) are you currently	FACRRM	130	7.7
working towards?	FARGP	98	5.8
	Other	6	0.4
Did you complete any of the following	Prevocational General Practice Placements Program (PGPPP)	559	33.7
terms prior to commencing Australian General Practice Training (AGPT)?	First Wave Scholarship (GP placement in the undergraduate years)	29	1.8
	Training towards any other fellowship	246	14.8
	Aboriginal and Torres Strait Islander Health	78	4.6
	Accident and Emergency	55	3.2
	Anaesthetics	24	1.4
Were you training in any of the following areas of Extended Skills (FRACGP) or Advanced Specialised Training (FACRRM) during Semester Two, 2016?	Men's Health	10	0.6
	Mental Health	23	1.4
	Obstetrics and Gynaecology	66	3.9
	Paediatrics	39	2.3
	Palliative Care	23	1.4
	Population Health	5	0.3
	Remote Health	12	0.7
	Small Town Rural General Practice (STRGP)	31	1.8

Item	Response options	N	%
	Surgery	12	0.7
	Women's Health	50	2.9
	Academic Post	5	0.3
	Dermatology	13	8.0
	Geriatric Medicine	7	0.4
	Medical Education	6	0.4
	Skin Cancer Medicine	14	8.0
	Other	41	2.4
	None	1281	75.5
Are you currently training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service?	No	1572	93.1
	Yes	116	6.9
If not currently training in an Aboriginal Medical Service of Aboriginal Community Controlled Health Service: Are you considering undertaking training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service?	No	767	48.9
	Yes	271	17.3
	Unsure	529	33.8

Table 22: 2016 AGPT RSS item frequencies – RTO satisfaction

Item	Response options	N	%
How would you rate your satisfaction v	with the following aspects of your RTC	O in Semester Two, 2016?	
	Very dissatisfied	77	4.6
	2	206	12.3
Quality of overall training and education experience	3	458	27.4
eddeation experience	4	661	39.6
	Very satisfied	269	16.1
	Very dissatisfied	125	7.5
	2	222	13.3
Quality of training advice	3	458	27.4
	4	597	35.7
	Very satisfied	270	16.1
	Very dissatisfied	97	5.9
	2	197	12.1
Induction/orientation provided	3	501	30.7
	4	560	34.3
	Very satisfied	279	17.1
	Very dissatisfied	98	5.9
	2	246	14.7
Feedback on your training progress	3	522	31.3
	4	572	34.3
	Very satisfied	232	13.9
	Very dissatisfied	92	5.6
Workshops provided	2	169	10.3
	3	450	27.5
	4	624	38.1
	Very satisfied	303	18.5

Item	Response options	N	%
	Very dissatisfied	102	6.1
	2	193	11.6
Training and education resources available	3	484	29.1
available	4	618	37.2
	Very satisfied	264	15.9
Thinking of your experience with your I	RTO in Semester Two, 2016, how would you ra	ate the amount	of
	Far too little	123	7.5
	2	272	16.5
training and education provided?	3	792	48.1
	4	407	24.7
	Far too much	54	3.3
	Far too little	142	8.5
	2	363	21.7
training advice provided?	3	746	44.7
	4	370	22.2
	Far too much	49	2.9
	Far too little	120	7.2
	2	372	22.4
feedback on your training progress?	3	752	45.3
	4	370	22.3
	Far too much	46	2.8
	Far too little	111	6.7
	2	276	16.6
training and education resources available?	3	806	48.5
	4	410	24.7
	Far too much	58	3.5
	Far too little	125	7.6
	2	274	16.7
workshops provided?	3	779	47.5
	4	389	23.7
	Far too much	73	4.5

Table 23: 2016 AGPT RSS item frequencies – training facility satisfaction

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of <u>your training facility</u> (e.g. your practice, your hospital) in Semester Two, 2016?			
	Very dissatisfied	33	2.0
	2	75	4.5
Quality of overall training and education experience	3	311	18.6
caddation experience	4	705	42.1
	Very satisfied	550	32.9
Quality of training advice	Very dissatisfied	36	2.2
	2	109	6.5
	3	362	21.7
	4	666	39.9
	Very satisfied	496	29.7
Quality of supervision	Very dissatisfied	40	2.4

Item	Response options	N	%
	2	94	5.6
	3	263	15.7
	4	638	38.1
	Very satisfied	638	38.1
	Very dissatisfied	12	0.7
	2	32	1.9
Clinical work	3	228	13.6
	4	770	46.0
	Very satisfied	633	37.8
	Very dissatisfied	10	0.6
	2	32	1.9
Level of workplace responsibility	3	204	12.2
	4	760	45.4
	Very satisfied	667	39.9
	Very dissatisfied	24	1.5
	2	83	5.0
Induction/orientation provided	3	286	17.3
	4	672	40.7
	Very satisfied	587	35.5
	Very dissatisfied	43	2.6
	2	117	7.0
Feedback on your training progress	3	391	23.4
	4	654	39.1
	Very satisfied	467	27.9
	Very dissatisfied	35	2.1
	2	118	7.1
Training and education resources available	3	379	22.7
a valiable	4	661	39.6
	Very satisfied	476	28.5
	Very dissatisfied	15	0.9
	2	58	3.5
Location	3	289	17.3
	4	669	40.0
	Very satisfied	642	38.4
	Very dissatisfied	34	2.1
Terms and conditions	2	89	5.4
	3	331	20.0
	4	685	41.3
	Very satisfied	519	31.3
Thinking of your experience with your the how would you rate the amount of	training facility (e.g. your practice, your hospite	al) in Semester 1	wo, 2016,
training and education provided?	Far too little	53	3.2
	2	144	8.6
	3	809	48.4
	4	547	32.8

Item	Response options	N	%
	Far too much	117	7.0
	Far too little	57	3.4
	2	168	10.1
training advice provided?	3	825	49.5
	4	503	30.2
	Far too much	112	6.7
	Far too little	57	3.4
	2	181	10.9
feedback on your training progress?	3	830	49.8
	4	486	29.2
	Far too much	112	6.7
	Far too little	47	2.8
	2	92	5.5
support provided by your supervisor?	3	756	45.3
	4	566	33.9
	Far too much	208	12.5
	Far too little	44	2.6
training and education resources available?	2	153	9.2
	3	825	49.5
	4	529	31.7
	Far too much	117	7.0

Table 24: 2016 AGPT RSS item frequencies – overall satisfaction

Item	Response options	N	%
Thinking about all of your training to date, overall how satisfied are you with each of the following?			
	Very dissatisfied	169	10.1
	2	267	15.9
Administration	3	482	28.7
	4	540	32.2
	Very satisfied	219	13.1
	Very dissatisfied	53	3.2
Education and training	2	169	10.1
	3	489	29.2
	4	699	41.8
	Very satisfied	264	15.8
	Very dissatisfied	109	6.5
Support	2	191	11.4
	3	487	29.1
	4	612	36.6
	Very satisfied	274	16.4

Table 25: 2016 AGPT RSS item frequencies – teaching experience

Item	Response options	N	%
	None	807	48.3
	1 to 2 hours	619	37.0

Item	Response options	N	%
Approximately how many hours do you	3 to 5 hours	208	12.4
spend teaching in a typical seven-day	6 to 10 hours	33	2.0
week?	More than 10 hours	4	0.2
If spend some time teaching: How would experience?	you rate your <u>satisfaction</u> with the following	aspects of you	r teaching
	Very dissatisfied	69	8.2
	2	120	14.3
Availability of support from your RTO	3	283	33.6
	4	255	30.3
	Very satisfied	115	13.7
	Very dissatisfied	70	8.3
	2	126	15.0
Quality of support from your RTO	3	287	34.2
	4	249	29.6
	Very satisfied	108	12.9
	Very dissatisfied	16	1.9
	2	43	5.1
Availability of support from your training facility	3	205	24.2
training facility	4	356	42.0
	Very satisfied	227	26.8
	Very dissatisfied	11	1.3
Quality of support from your training facility	2	54	6.4
	3	203	24.0
	4	346	40.9
	Very satisfied	232	27.4

Table 26: 2016 AGPT RSS item frequencies – adverse event or incident

Item	Response options	N	%
Have you received assistance or support from your RTO for an adverse	No	1415	86.8
event or incident?	Yes	215	13.2
	Very dissatisfied	19	9.0
If yes: How would you rate your satisfaction with the assistance or support your RTO provided during or after an adverse event or incident?	2	20	9.4
	3	43	20.3
	4	57	26.9
	Very satisfied	73	34.4

Table 27: 2016 AGPT RSS item frequencies – confidence about GP and fellowship

Item	Response options		N	%
How confident are you that				
	Not very confident		45	2.7
	2		61	3.6
general practice is the right career for you?	3		216	12.9
you:	4	,	590	35.2
	Very confident		765	45.6
	Not very confident		35	2.1
the GP fellowship you have chosen is correct for you?	2		46	2.7
	3		205	12.2
	4		590	35.2

Item	Response options	N	%
	Very confident	802	47.8
your RTO has processes in place to manage your concerns and complaints?	Not very confident	224	13.4
	2	215	12.9
	3	462	27.6
	4	522	31.2
	Very confident	249	14.9

Table 28: 2016 AGPT RSS item frequencies – satisfaction with college

Item	Response options	N	%
Thinking about your experience with	h <u>your college,</u> how would you rate your	satisfaction with:	
	Very dissatisfied	86	5.2
	2	169	10.2
Assessment	3	621	37.4
	4	609	36.7
	Very satisfied	174	10.5
	Very dissatisfied	54	3.2
	2	144	8.7
Curriculum	3	580	34.9
	4	680	40.9
	Very satisfied	206	12.4
	Very dissatisfied	71	4.3
	2	186	11.2
Communication	3	625	37.7
	4	586	35.3
	Very satisfied	190	11.5
	Very dissatisfied	77	4.6
Collegiate engagement	2	228	13.8
	3	632	38.1
	4	541	32.6
	Very satisfied	179	10.8

Table 29: 2016 AGPT RSS item frequencies – commitment required for training

Item	Response options	N	%		
Prior to commencing training, to what exfellowship(s) in terms of:	Prior to commencing training, to what extent were you aware of the personal commitment to complete your GP fellowship(s) in terms of:				
	Not at all	146	9.3		
	2	277	17.7		
time in face-to-face education activities with your RTO?	3	534	34.2		
with your KTO?	4	454	29.0		
	Very much	152	9.7		
	Not at all	85	5.4		
	2	213	13.6		
time in in-practice education and training?	3	522	33.4		
training.	4	560	35.9		
	Very much	181	11.6		
time in self-directed learning?	Not at all	57	3.6		
	2	201	12.9		
	3	525	33.6		

Item	Response options	N	%
	4	571	36.6
	Very much	208	13.3
	Not at all	104	6.7
	2	276	17.7
travel?	3	561	36.0
	4	474	30.4
	Very much	143	9.2
	Not at all	75	4.8
	2	209	13.4
practice location?	3	517	33.1
	4	571	36.6
	Very much	188	12.1
	Not at all	48	3.1
	2	155	10.0
intellectual demands?	3	541	34.8
	4	631	40.6
	Very much	179	11.5
	Through the AGPT website or documentation	588	38.4
	Through the college website or documentation	432	28.2
How did you find information about the	Through the RTO website, documentation or orientation	561	36.6
level of personal commitment expected?	Formally through seminars or sessions organised by the college	123	8.0
·	Formally through seminars or sessions organised by the RTO	485	31.7
	Informally through discussion with other current or former registrars	1090	71.1
	Other	62	4.0
Did the level of personal commitment re	equired for training impact on your choice of:		
	No	609	39.3
specialisation in General Practice?	Yes	821	53.0
	Unsure	119	7.7
CP followship(s) (o ~ EACPPM	No	640	41.4
GP fellowship(s) (e.g. FACRRM, FRACGP, FARGP)?	Yes	822	53.2
, , , , , , , , , , , , , , , , , , , ,	Unsure	83	5.4
	No	1007	65.9
RTO?	Yes	410	26.8
	Unsure	111	7.3
whother or not very undertails a must	No	881	57.4
whether or not you undertook a rural pathway?	Yes	562	36.6
F	Unsure	93	6.1
whether you enrolled full-time or part-time?	No	772	50.0
	Yes	713	46.1
· · · · · ·	Unsure	60	3.9
the timing of the control of	No	870	56.5
the timing of when you commenced training?	Yes	594	38.6
	Unsure	75	4.9

Item	Response options	N	%
Now that you are in training, does the <u>actual level</u> of personal commitment required match what you were expecting in terms of:			
	Much less commitment than expected	120	7.8
time in face-to-face education activities	2	165	10.7
with your RTO?	3	911	59.2
·	4	291	18.9
	Much more commitment than expected	52	3.4
	Much less commitment than expected	54	3.5
time in in-practice education and	2	134	8.7
training?	3	1023	66.6
	4	274	17.8
	Much more commitment than expected	52	3.4
	Much less commitment than expected	11	0.7
	2	34	2.2
time in self-directed learning?	3	876	57.1
	4	447	29.1
	Much more commitment than expected	167	10.9
	Much less commitment than expected	27	1.8
	2	97	6.4
travel?	3	925	60.6
	4	354	23.2
	Much more commitment than expected	124	8.1
	Much less commitment than expected	21	1.4
	2	67	4.4
practice location?	3	1028	67.1
	4	312	20.4
	Much more commitment than expected	104	6.8
	Much less commitment than expected	15	1.0
intellectual demands?	3	41	2.7
intellectual demands?	-	954 416	62.3
	Much more commitment than expected	106	27.2 6.9
What impact does the level of personal of	Much more commitment than expected		
what impact does the level of personal (commitment to training have on the following Very negative impact	93	6.1
	Somewhat negative impact	398	25.9
	No impact	275	17.9
caring for dependent children?	Somewhat positive impact	90	5.9
	Very positive impact	62	4.0
	Not applicable	619	40.3
	Very negative impact	72	4.7
	Somewhat negative impact	390	25.6
caring for others?	No impact	463	30.4
	Somewhat positive impact	110	7.2
	Very positive impact	60	3.9
	Not applicable	430	28.2
	Very negative impact	62	4.0
physical health?	Somewhat negative impact	608	39.6
	Somownat nogative impact	000	55.5

Item	Response options	N	%
	No impact	565	36.8
	Somewhat positive impact	179	11.6
	Very positive impact	86	5.6
	Not applicable	37	2.4
	Very negative impact	94	6.1
	Somewhat negative impact	591	38.5
mental health?	No impact	531	34.5
mentar neatti?	Somewhat positive impact	204	13.3
	Very positive impact	84	5.5
	Not applicable	33	2.1
	Very negative impact	132	8.6
	Somewhat negative impact	623	40.6
social life?	No impact	464	30.2
Social life?	Somewhat positive impact	217	14.1
	Very positive impact	82	5.3
	Not applicable	17	1.1
	Very negative impact	54	3.5
	Somewhat negative impact	232	15.1
value auditural appropriate anta?	No impact	842	54.9
your cultural commitments?	Somewhat positive impact	118	7.7
	Very positive impact	59	3.8
	Not applicable	230	15.0
	Very negative impact	116	7.6
choice of residential location?	Somewhat negative impact	369	24.1
	No impact	689	45.0
	Somewhat positive impact	201	13.1
	Very positive impact	103	6.7
	Not applicable	54	3.5

Table 30: 2016 AGPT RSS item frequencies – RTO complaints process

Item	Response options	N	%
Are you familiar with your RTO's	No	742	47.9
formal complaints and grievance	Yes	465	30.0
process?	Unaware process exists	341	22.0
Could you readily access your RTO's formal complaints and grievance process if needed?	No	578	38.6
	Yes	920	61.4
Have you ever made a formal written complaint about your RTO?	No	1514	98.2
	Yes	27	1.8

Table 31: 2016 AGPT RSS item frequencies – Aboriginal and Torres Strait Islander health and culture

Item	Response options	N	%
Have you had an orientation to Aboriginal and Torres Strait Islander health?	No	137	8.9
	Yes	1403	91.1
Have you had training in Aboriginal and Torres Strait Islander cultural safety?	No	221	14.4
	Yes	1318	85.6
	A cultural education	891	69.0

Item	Response options	N	%
If yes: Who provided this cultural safety training?	A cultural mentor	261	20.2
	An Aboriginal and Torres Strait Islander Health Worker	849	65.8
	Other	82	6.4
	Not at all	54	4.1
How well did the training in Aboriginal	2	149	11.4
and Torres Strait Islander cultural	3	500	38.2
safety prepare you for clinical work?	4	413	31.6
	Very much	192	14.7
If currently training in an Aboriginal Medical Service of Aboriginal Community Controlled Health Service: Do you have access to a formal	No	50	46.3
cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?	Yes	58	53.7
	Very dissatisfied	1	1.7
If yes: How satisfied are you with the	2	-	-
guidance from this cultural mentor on Aboriginal and Torres Strait Islander	3	6	10.3
cultural safety questions?	4	26	44.8
	Very satisfied	25	43.1
	I have not yet considered working in Aboriginal and Torres Strait Islander Health	742	49.2
	Before I applied for Australian General Practice Training (AGPT)	450	29.8
M/h and distance Control of the	When I applied for AGPT	88	5.8
When did you first consider undertaking work in Aboriginal and	At the end of my RTO orientation	27	1.8
Torres Strait Islander Health?	At the end of my first term of training	100	6.6
	At the end of my first year of training	58	3.8
	At the end of my second year of training	26	1.7
	After the end of my second year of training	18	1.2
	Other	24	1.4

Table 32: 2016 AGPT RSS item frequencies – Choice of RTO and fellowship pathway

Item	Response options	N	%
_	Accommodation	164	10.7
	Family/partner support	399	26.0
	Location	1050	68.5
	Lifestyle	259	16.9
	Training opportunities	444	29.0
What are the main reasons you chose your RTO as your training provider?	Career links with region (e.g. earlier placement, Prevocational General Practice Placements Program (PGPPP))	210	13.7
	Reputation of the RTO	264	17.2
	Did not choose current RTO (transferred from RTP)	117	7.6
	Did not have a choice over RTO (includes ADF, BMP, Foreign Doctors)	61	4.0
	Only RTO operating in State or region	34	2.2
	Through selection process	12	0.8
	Other	18	1.2

Item	Response options	N	%
	When I applied for Australian General Practice Training (AGPT)	1292	84.1
	At the end of my RTO orientation	82	5.3
NA/In an alist way do aid a service	At the end of my first term of training	69	4.5
When did you decide on your fellowship pathway (FRACGP, FARGP	At the end of my first year of training	40	2.6
or FACRRM)?	At the end of my second year of training	16	1.0
	After the end of my second year of training	14	0.9
	I am still unsure of which fellowship pathway I will take	23	1.5
	Not at all	114	7.5
To what extent did you know about	2	229	15.0
both college pathways prior to entering Australian General Practice Training	3	421	27.5
(AGPT)?	4	456	29.8
	Very much	310	20.3
	Not at all	42	2.8
To what extent did you know the two	2	107	7.0
fellowship pathway options available to	3	366	24.0
you at the end of your orientation?	4	574	37.6
	Very much	438	28.7
	Not at all	24	1.6
To what extent do you know the	2	108	7.1
required vocational training to	3	416	27.2
complete your fellowship?	4	626	41.0
	Very much	354	23.2
	Not at all	19	1.2
To what extent do you know the	2	91	6.0
assessment required to complete your	3	349	22.8
fellowship?	4	645	42.2
	Very much	425	27.8
	Not at all	23	1.5
To what extent do you know what is	2	94	6.2
required to complete Australian General Practice Training (AGPT)?	3	393	25.7
	4	651	42.6
	Very much	367	24.0

Table 33: 2016 AGPT RSS item frequencies – future plans

Item	Response options	N	%
	supervising medical students.	986	64.9
Within the next five years, you would	supervising registrars.	820	54.0
like to be	a medical educator.	506	33.3
	not involved in doctor training.	257	16.9
	working full-time as a private GP.	662	43.1
	working part-time as a private GP.	770	50.1
	working in medical education or training.	468	30.4
In five years, you would like to be	working in community based medicine (aged, palliative, home care).	290	18.9
	working in hospital-based procedural work.	266	17.3

Item	Response options	N	%
	not working as a GP at all.	20	1.3
	I am unsure about my GP working career.	126	8.2
	doing something else (please specify).	90	5.9
Did you move to the current region to	No	874	56.9
undertake training?	Yes	662	43.1
If moved: When you commenced training did you intend to leave the	No	472	71.4
region immediately after completing your training?	Yes	189	28.6
If moved & intended to leave: Do you	No	20	10.6
still intend to leave the region immediately after completing your	Yes	109	57.7
training?	Unsure	60	31.7
If moved & did not intend to leave: Do you still plan to stay in the region after completing your training?	No	41	8.7
	Yes	284	60.4
	Unsure	145	30.9

Appendix B: 2016 AGPT RSS Instrument

Introductory text

The Department of Health has engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to conduct the 2016 Australian General Practice Training Registrar Satisfaction Survey. The survey results enable the Department of Health to monitor the performance of the program and to help bring emerging issues to the attention of the Department of Health and other GP training stakeholders.

Please take 15 minutes to tell us about your experience as a general practice registrar in Semester Two, 2016 by clicking on the 'Next' button below. Your responses help the Department of Health to improve your and other registrars' experience in the Australian General Practice Training (AGPT) program.

The Department of Health's ethics approval ensures the confidentiality of your response. Your involvement is voluntary and you are free to withdraw consent at any time. Your response is private, confidential and will be treated according to any applicable law. This survey is run according to the Department of Health Code of Ethics.

We encourage you to participate in the Australian General Practice Training Registrar Satisfaction Survey.

Please note that unless otherwise stated: 'your RTO' is the regional training organisation (RTO) that delivered your training in Semester Two, 2016; and your training facility' is the main practice, hospital or academic post where you were assigned in Semester Two, 2016.

Question	Item	Response options
How old are you in years?	-	OPEN RESPONSE
How many dependents do you have (e.g. children, parents)?	-	OPEN RESPONSE
Which regional training organisation (RTO) delivered your GP training in Semester Two, 2016? Please note that all further questions referring to 'your RTO' relate to the services provided by the RTO you select here.	-	Eastern Victoria GP Training General Practice Training Queensland General Practice Training Tasmania Generalist Medical Training GP Synergy - North Eastern NSW GP Synergy - Lower Eastern NSW GP Synergy - Western NSW GPEX Murray City Country Coast GP Training Northern Territory General Practice Education Western Australian General Practice Education Training

Question	Item	Response options
At what full time equivalent (FTE) load were you employed during Semester Two, 2016? 1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day.	-	0.0 to 0.2 0.3 to 0.4 0.5 to 0.6 0.7 to 0.8 0.9 to 1.0 On extended leave from the training program (e.g. maternity, sabbatical, long service)
If you are currently training in a hospital, which of the following terms are you undertaking?	-	Hospital intern (PGY1) Hospital resident (PGY2+) Undertaking hospital based extended skills training I am not undertaking training in a hospital
What is the postcode of the training facility where you were employed during Semester Two, 2016. If more than one, enter the postcode where you spent the most time.	-	OPEN RESPONSE
What training were you undertaking during Semester	GPT1 Term	Not selected
Two, 2016? Please select all that apply.	GPT2 Term	Selected
Trodoc corect all that apply.	GPT3 Term	
	Primary Rural and Remote Training (PRRT)	
	Extended Skills	
	Advanced Rural Skills Training (ARST)	
	Special Skills	
	Advanced Specialist Training (AST)	
	Academic post	
	Rural Medical Generalist Program	
	Other (please specify)	_
Which fellowship(s) are you currently working towards?	FRACGP	Not selected
Please select all that apply.	FACRRM	— Selected
	FARGP	

Question	Item	Response options
	Other (please specify)	
Did you complete any of the following terms prior to commencing Australian General Practice Training (AGPT)?	Prevocational General Practice Placements Program (PGPPP) First Wave Scholarship (GP placement in the undergraduate years) Training towards any other fellowship	No Yes
Were you training in any of the following areas of	Aboriginal and Torres Strait Islander Health	Not selected
Extended Skills (FRACGP) or Advanced Specialised Training (FACRRM) during Semester Two, 2016?	Accident and Emergency	— Selected
Please select all that apply.	Anaesthetics	
	Men's Health	
	Mental Health	
	Obstetrics and Gynaecology	
	Paediatrics	
	Palliative Care	_
	Population Health	_
	Remote Health	_
	Small Town Rural General Practice (STRGP)	_
	Surgery	_
	Women's Health	_
	Other (please specify)	_
Are you currently training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service?	-	No Yes
<if no=""> Are you considering undertaking training in an Aboriginal Medical Service or Aboriginal Community Controlled Health Service?</if>	-	No Yes Unsure
How would you rate your satisfaction with the following aspects of your RTO in Semester Two, 2016?	Quality of overall training and education experience Quality of training advice	Very dissatisfied 2 3

Question	Item	Response options
If any of the following statements do not apply, please leave blank.	Induction/orientation provided	4
	Feedback on your training progress	Very satisfied
	Workshops provided	
	Training and education resources available	
Thinking of your experience with your RTO in	training and education provided?	Far too little
Semester Two, 2016, how would you rate the amount of	training advice provided?	
01	feedback on your training progress?	4
	training and education resources available?	Far too much
	workshops provided?	
How would you rate your satisfaction with the following	Quality of overall training and education	Very dissatisfied
aspects of <u>your training facility</u> (e.g. your practice, your hospital) in Semester Two, 2016?	experience Quality of training advice	2
If any of the following statements do not apply, please		
leave blank.	Quality of supervision	Very satisfied
	Clinical work	
	Level of workplace responsibility	
	Induction/orientation provided	
	Feedback on your training progress	
	Training and education resources available	
	Location	
	Terms and conditions	
Thinking of your experience with your training facility	training and education provided?	Far too little
(e.g. your practice, your hospital) in Semester Two, 2016, how would you rate the amount of	training advice provided?	
	feedback on your training progress?	4
	support provided by your supervisor?	Far too much
	training and education resources available?	
Thinking about all of your training to date, overall how	Administration	Very dissatisfied
satisfied are you with each of the following?	Education and training	2

Question	Item	Response options
	Support	3
		4
		Very satisfied
Given your overall experience with your training, what	-	OPEN RESPONSE
have been the best aspects of your experience?		
Given your overall experience with your training, what aspects of your experience are most in need of improvement?	-	OPEN RESPONSE
Approximately how many hours do you spend <u>teaching</u>	-	None
in a typical seven-day week?		1 to 2 hours
		3 to 5 hours
		6 to 10 hours
IF TEACH AT LEAST A HOUR. However, it was not a	Assaultative of assault for an assault DTO	More than 10 hours
<if 1="" at="" hour="" least="" teach=""> How would you rate your <u>satisfaction</u> with the following aspects of your</if>	Availability of support from your RTO	Very dissatisfied
teaching experience?	Quality of support from your RTO	_ 3
	Availability of support from your training facility	4
	Quality of support from your training facility	Very satisfied
<if 1="" at="" hour="" least="" teach="">What have been the</if>	-	OPEN RESPONSE
best aspects of your teaching experience?		
<if 1="" at="" hour="" least="" teach="">What aspects of your</if>	-	OPEN RESPONSE
teaching experience most need improvement?		NI-
Have you received assistance or support from your RTO for an adverse event or incident?	-	No Yes
<if yes=""> How would you rate your satisfaction with</if>		Very dissatisfied
the assistance or support your RTO provided during or		2
after an adverse event or incident?		3
and an advoice event of moldent.		4
		Very satisfied
<if yes=""> How could your RTO have supported you</if>	-	OPÉN RESPONSE
better during or after an adverse event or incident?		
How confident are you that	general practice is the right career for you?	Not very confident
	the GP fellowship you have chosen is correct for	- 2
	_you?	3
	your RTO has processes in place to manage your	Very confident
	concerns and complaints?	very connuent

Question	Item	Response options
Thinking about your experience with <u>your college</u> , how would you rate your satisfaction with:	assessment?	Very dissatisfied
	curriculum?	- 2 - 3
	communication?	4
	collegiate engagement?	Very satisfied
Prior to commencing training, to what extent were you aware of the personal commitment to complete your	time in face-to-face education activities with your RTO?	Not at all 2
GP fellowship(s) in terms of:	time in in-practice education and training?	3
	time in self-directed learning?	- 4 _ Very much
	travel?	_ vory maon
	practice location?	-
	intellectual demands?	-
How did you find information about the level of	Through the AGPT website or documentation	Not selected
personal commitment expected? Please select all that apply.	Through the college website or documentation	- Selected
г lease select ан that арру.	Through the RTO website, documentation or orientation	-
	Formally through seminars or sessions organised by the college	_
	Formally through seminars or sessions organised by the RTO	
	Informally through discussion with other current or former registrars	_
	Other (please specify)	
Did the level of personal commitment required for	specialisation in General Practice?	No
training impact on your choice of:	GP fellowship(s) (e.g. FACRRM, FRACGP, FARGP)?	Yes Unsure
	RTO?	
	whether or not you undertook a rural pathway?	_
	whether you enrolled full-time or part-time?	-
	the timing of when you commenced training?	-

Question	Item	Response options
Now that you are in training, does the <u>actual level</u> of personal commitment required match what you were expecting in terms of:	time in face-to-face education activities with your RTO?	Much less commitment than expected 2
	time in in-practice education and training?	3
	time in self-directed learning?	 4 Much more commitment than expected
	travel?	_ Mach more communicate than expected
	practice location?	_
	intellectual demands?	_
What impact does the level of personal commitment to	caring for dependent children?	Very negative impact
training have on the following aspects of your life:	caring for others?	 Somewhat negative impact No impact
	physical health?	Somewhat positive impact
	mental health?	 Very positive impact
	social life?	Not applicable
	your cultural commitments?	-
	choice of residential location?	_
<if impact="" more<br="" negative="" on="" one="" or="">ASPECTS OF LIFE> Please briefly explain the way in which the level of personal commitment to training impacted negatively on your life.</if>	-	OPEN RESPONSE
<if impact="" more<br="" on="" one="" or="" positive="">ASPECTS OF LIFE> Please briefly explain the way in which the level of personal commitment to training impacted positively on your life.</if>	-	OPEN RESPONSE
Are you familiar with your RTO's formal complaints and grievance process?	-	No Yes Unaware process exists
Could you readily access your RTO's formal complaints and grievance process if needed?	-	No Yes
Have you ever made a formal written complaint about your RTO?	-	No Yes
	with the documented process?	Very dissatisfied
	that the documented process was followed?	- 2

Question	Item	Response options
<if complaint="" made="">Thinking of when you made a formal written complaint, to what extent were you satisfied:</if>	that the process was appropriate to deal with your situation? that you were adequately supported during this process?	3 4 Very satisfied
Have you had an orientation to Aboriginal and Torres Strait Islander health?	-	No Yes
Have you had training in Aboriginal and Torres Strait Islander cultural safety?	-	No Yes
<if yes="">Who provided this cultural safety training? Please select all that apply.</if>	A cultural educator A cultural mentor An Aboriginal and Torres Strait Islander Health Worker Other (please specify)	Not selected - Selected -
<if yes="">How well did the training in Aboriginal and Torres Strait Islander cultural safety prepare you for clinical work?</if>	-	Not at all 2 3 4 Very much
<if acchs="" ams="" an="" currently="" in="" working=""> Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?</if>	-	No Yes
<if yes=""> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?</if>	-	Very dissatisfied 2 3 4 Very satisfied

Question	Item	Response options
When did you first consider undertaking work in Aboriginal and Torres Strait Islander Health?	-	I have not yet considered working in Aboriginal and Torres Strait Islander Health Before applying for Australian General Practice Training (AGPT) When I applied for AGPT At the end of my RTO orientation At the end of my first term of training At the end of my first year of training At the end of my second year of training After the end of my second year of training
What are the main reasons you chose your RTO as	Accommodation	Not selected
your training provider? Please select all that apply.	Family/partner support	- Selected
Thease select all that apply.	Location	-
	Lifestyle	-
	Training opportunities	-
	Career links with region (e.g. earlier placement, Prevocational General Practice Placements Program (PGPPP)) Reputation of the RTO	-
	Other (please specify)	-
When did you decide on your fellowship pathway (FRACGP, FARGP or FACRRM)?	-	When I applied for Australian General Practice Training (AGPT) At the end of my RTO orientation At the end of my first term of training At the end of my first year of training At the end of my second year of training After the end of my second year of training I am still unsure of which fellowship pathway I will take
To what extent	did you know about both college pathways prior to entering Australian General Practice Training (AGPT)?	Not at all 2 3
	did you know the two fellowship pathway options available to you at the end of your orientation?	4 Very much

Question	Item	Response options
	do you know the required vocational training to complete your fellowship?	
	do you know the assessment required to complete your fellowship?	
	do you know what is required to complete Australian General Practice Training (AGPT)?	
Within the next five years, you would like to be	supervising medical students.	Not selected
Please select all that apply.	supervising registrars.	Selected
	a medical educator.	
	not involved in doctor training.	
In five years, you would like to be Please select all	working full-time as a private GP.	Not selected
that apply	working part-time as a private GP.	Selected
	working in medical education or training.	
	working in community based medicine (aged, palliative, home care).	
	working in hospital-based procedural work.	
	not working as a GP at all.	
	I am unsure about my GP working career.	
	doing something else (please specify).	
Did you move to the current region to undertake training?		No Yes
<if moved=""> When you commenced training did you</if>		No
intend to leave the region immediately after completing your training?		Yes
<if &="" intended="" leave="" moved="" to=""> Do you still</if>		No
intend to leave the region immediately after completing your training?		Yes Unsure
<if &="" didn't="" intend="" leave="" moved="" to=""> Do you</if>		No
still plan to stay in the region after completing your training?		Yes Unsure

Closing text

Thank you for participating in the Australian General Practice Training Registrar Satisfaction Survey. Once you have completed the survey, please press 'Submit'.

Your responses help the Department of Health improve registrars' experience and learning in Australia.

If this survey has raised any concerns about your experience in the AGPT program, please get in touch with your Registrar Liaison Officer (RLO). A directory of RLOs is provided by General Practice Registrars Australia (GPRA): https://gpra.org.au/rlo-directory/. If you need further assistance, please contact GPRA at registrarenquiries@gpra.org.au or phone 03 9629 8878.

PRIVACY STATEMENT

Any Personal Information you provide to ACER is private, confidential and will be treated according to any applicable law. Such Personal Information will only be used for the purposes of this research specified above.

ACER is bound to comply with the Privacy Act 1988 (Cth) and its ACER Privacy Policy locatable at http://www.acer.edu.au/privacy and your personal information will be handled in accordance with that policy which may be updated from time to time.

The policy sets out your rights and processes to: complain about a breach of privacy: access and have amended their personal information held by ACER. Your involvement is voluntary and you are free to withdraw consent at any time. Should you have any queries please contact Project Manager, Ali Radloff, ACER, 19 Prospect Hill Road, Camberwell, Victoria 3124, aqptrss@acer.edu.au.

Appendix C: Accessible text alternatives for figures

Infographic text alternative

The infographic provides a summary of the results from the Registrars Satisfaction Survey 2016.

The Australian General Practice Training program Registrar Satisfaction Survey is conducted annually with GP registrars in training across Australia. Findings from the survey are used to assure the quality of training in the program.

Here are some of the findings from the 1,696 registrars who participated in 2016.

Best aspects of the AGPT program

"Clinical experience has been great"

"Workshops were useful"

"Good support from my supervisor"

Training experience

83% were satisfied with the education and training from their RTO

94% were satisfied with the education and training from their training facility

92% were satisfied with the quality of supervision they received

97% were satisfied with the clinical work during training

87% were satisfied with the overall education and training

Registrar Characteristics

65% of respondents were FEMALE. 55% were between 30 AND 39 YEARS of age. 74% were training FULL-TIME. 0.7% identified as ABORIGINAL or TORRES STRAIT ISLANDERS.

Location of Training Facility

43% were training in major cities, 35% in inner regional areas, 18% in outer regional areas, and 3% in remote or very remote areas.

43% of registrars relocated for training. Of those, 46% plan to stay in their region after training. 31% are unsure if they will stay in the region after training, and 23% plan to leave after training.

Future Plans

In 5 years, 89% of registrars plan to be working as a GP. Within 5 years, 83% of registrars want to be involved in doctor training.

Most of the indicators described here are accurate within 1 to 2 percentage points (at a 95% confidence interval).

Text alternative for Figures

Table 34: Number of responses received during 2016 AGPT RSS fieldwork (alternative for Figure 1)

Date	Number of responses received	Fieldwork activities
21 November 2016	187	Initial email invitation sent
22 November 2016	89	-
23 November 2016	60	-
24 November 2016	52	-
25 November 2016	44	-
26 November 2016	18	-
27 November 2016	15	-
28 November 2016	24	-
29 November 2016	189	Second email sent
30 November 2016	102	-
1 December 2016	51	-
2 December 2016	20	-
3 December 2016	6	-
4 December 2016	14	-
5 December 2016	22	-
6 December 2016	9	-
7 December 2016	8	-
8 December 2016	130	Third email sent
9 December 2016	87	-
10 December 2016	23	-
11 December 2016	15	-
12 December 2016	26	-
13 December 2016	97	Fourth email sent
14 December 2016	95	-
15 December 2016	79	-
16 December 2016	128	Final email sent
17 December 2016	34	-
18 December 2016	21	-
19 December 2016	15	-
20 December 2016	12	-
21 December 2016	8	-
22 December 2016	3	-
23 December 2016	2	-
24 December 2016 or later	11	-

Table 35: Registrars' current training region (alternative for Figure 2)

Training region	Per cent (%)
North Eastern NSW	14
South Eastern Queensland	13
Western Victoria	12
North Western Queensland	12
Lower Eastern NSW	11
South Australia	9
Western Australia	8
Eastern Victoria	8
Western NSW	6
Northern Territory	4
Tasmania	3

Table 36: Location of registrars' current training facility in 2013, 2014, 2015 and 2016 (alternative for Figure 3)

Training facility location	2013 (%)	2014 (%)	2015 (%)	2016 (%)
Major cities	48	39	44	44
Inner regional	35	39	35	35
Outer regional	14	17	18	18
Remote	3	4	3	4

Table 37: Proportion of registrars who relocated for training by training location (alternative for Figure 4)

Training facility location	Did not relocate for training (%)	Relocated for training (%)
Major cities	82	18
Inner regional	40	60
Outer regional	34	66
Remote	57	43

Table 38: Overall satisfaction by fellowship (alternative for Figure 5)

Fellowship	Administration	Education & training	Support
FRACGP only	3.3	3.6	3.5
FACRRM only	3.0	3.2	3.2
FARGP only	2.9	3.3	3.1
FRACGP & FACRRM	3.2	3.4	3.2
FRACGP & FARGP	3.1	3.6	3.5
FACRRM & FARGP	2.8	2.6	2.2
FRACGP, FACRRM & FARGP	3.1	3.1	2.9

Table 39: Overall satisfaction by training location (alternative for Figure 6)

Training location	Administration	Education & training	Support
Major cities	3.2	3.6	3.4
Inner regional areas	3.3	3.7	3.5
Outer regional areas	3.1	3.4	3.4
Remote areas	3.3	3.4	3.5

Table 40: Key Performance Indicators 2013, 2014, 2015 and 2016 (alternative for Figure 7)

Key Performance Indicators	2013 (%)	2014 (%)	2015 (%)	2016 (%)
KPI 1: Satisfaction with training	91%	89%	88%	76%
KPI 2: Satisfaction with RTO support (no incident)	90%	89%	88%	72%
KPI 3: Satisfaction with RTO support (with incident)	88%	96%	88%	81%
KPI 4: Satisfaction with supervision	94%	93%	92%	92%
KPI 5: Satisfaction with practice location	94%	95%	95%	96%
KPI 6: Satisfaction with infrastructure / resources	94%	94%	94%	88%

Table 41: Satisfaction with RTO by fellowship (alternative for Figure 8)

Fellowship	Overall training & education	Training advice	Induction & orientation	Feedback on training	Workshops provided	Training & education resources
FRACGP only	4	3	3	3	4	4
FACRRM only	3	3	3	3	3	3
FARGP only	3	3	3	3	3	3
FRACGP & FACRRM	3	3	3	3	3	3
FRACGP & FARGP	4	4	4	4	4	3
FACRRM & FARGP	3	4	3	4	3	3
FRACGP, FACRRM & FARGP	3	3	3	2	3	3

Table 42: Satisfaction with different aspects of training facilities (alternative for Figure 9)

Area of training facility satisfaction	Average satisfaction score
Overall training & education	4.0
Training advice	3.9
Quality of supervision	4.0
Clinical work	4.2
Level of workplace responsibility	4.2

Area of training facility satisfaction	Average satisfaction score
Induction & orientation	4.0
Feedback on training	3.8
Training & education resources	3.9
Location	4.1
Terms and conditions	3.9

Table 43: Number of hours registrars spend teaching in average week (alternative for Figure 10)

Hours spent teaching	Per cent (%)	
None	48.3	
1 to 2 hours	37.0	
3 to 5 hours	12.4	
6 to 10 hours	2.0	
More than 10 hours	0.2	

Table 44: Registrars' intentions relating to remaining or leaving current region by location (alternative for Figure 11)

Training location	Plan to stay	Unsure of relocation plans	Plan to move
Major cities	55.8	24.8	19.5
Inner regional areas	45.1	32.1	22.9
Outer regional areas	43.5	30.4	26.1
Remote areas	48.6	35.1	16.2