



The Royal
Australian &
New Zealand
College of
Psychiatrists



Training Exit Survey

RANZCP Fellowship Program

2022





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Introduction and Background

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

The RANZCP Exit Survey has been created to replace the Admission to Fellowship Survey which was conducted by the College from 2011–2016 and ceased due to the implementation of the 2012 Fellowship program.

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

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

Report Summary

This report presents findings from the RANZCP Trainee Exit Survey conducted online during 2022. From July 2020, this survey has been conducted monthly with trainees and Specialist International Medical Graduates (SIMGs) who have completed the Fellowship Program, seeking their views on their learning experiences and perceptions of the training they received.

Between January and December, 265 trainees and SIMGs who completed all requirements of the RANZCP Fellowship were invited to participate. A total of 144 respondents completed the survey, with a 54.3% response rate.

Fellowship program perception and skills development

Respondents had a highly positive perception that the College Fellowship program was relevant to their development as psychiatrist (92%) and that they had reasonable access to annual and sick leave during their training (94%). There was not a specific area of disagreement with other statements provided (all above 70%), and the perception in most aspects has remained unchanged since 2020.

Clinical skills (94%), experience working in a multidisciplinary environment (93%), communication skills (92%), ethics (85%), theoretical knowledge (81%) and cultural safety (81%) are considered skills developed during the Fellowship program.

The ability to influence (65%), leadership and management (61%), audit and clinical safety (60%) and research (50%) were considered to have a weak contribution from the Fellowship program, a trend that has become established since 2020.

Clinical Supervision

Overall, 79% of respondents rated the quality of their supervisor as 'good' or 'very good'. The aggregated positive rate decreased compared to 2020 and 2021. Allowing for an appropriate level of practice autonomy and accessibility received higher ratings, both above 80%. Although there was not a specific area with poor performance, the rate has decreased in most aspects since 2020.

Assessments

Only five out of ten respondents consider that the examinations reflected the College training curriculum (56%) and the information the College provided about the examination was accurate and appropriate (50%). There was a considerable deterioration in the perception that examinations ran smoothly on the day (49%) and were conducted fairly (52%) compared with 2020 and 2021. The low perception that respondents received useful and timely feedback, and that they received support from the College when needed about examinations, has remained unchanged since 2020.

Consistent with the 2020 and 2021 results, the workplace-based assessments (WBA) were better perceived by respondents than College administered assessments. Entrustable Professional Activities (EPAs) were considered by 69% of respondents to be suitable to their clinical practice, 68% that WBA tools facilitated feedback during training, 65% that the feedback received about their performance via In-training assessment forms was useful, and 64% that WBAs were suitable for their training. Although there was not a specific area with poor performance, the rate decreased in all aspects compared to 2021.

Formal Education Courses

There are opportunities to improve in the area of Formal Education courses (FEC). 63% of respondents considered the FEC an opportunity for peer support, and 58% agreed that the knowledge presented at the Formal Education Course was felt applicable to real-life clinical situations. Consistent with 2021 results, in 2022, less than five out of ten respondents felt that the FEC gave them the knowledge that assisted in preparation for examinations.

College resources

Compared to 2020 and 2021, the RANZCP Website (87%) and examination preparation materials (85%) continue to be considered the most useful. There was a considerable improvement in the perception that InTrain was useful (80%) compared to 2020 and 2021. Only 36% of respondents mentioned participation in Congress useful during the training program.

College communication and interaction

Communication with the College about training matters was considered satisfactory only by 58%. Respondents agreed they know who to contact at the College about the fellowship program (89%), but the College was felt by respondents to clearly communicate the requirements of the Fellowship (68%) and changes in the program and how they affect them (64%).

College engagement

College engagement shows a negative improvement in most of the perceptions of the statements provided to the respondents compared to 2021. Only 31% of respondents agreed that the College sought their views on the Fellowship program, and 45% of respondents agreed that they were represented by doctors in training on the College's training and/or education. The only positive perception is the availability to discuss the College Fellowship program with other doctors (81%).

Trainee satisfaction

This round of evaluation reports a 65% overall satisfaction with the Fellowship program, with this measure showing signs of volatility between 65% and 75% since 2020. The Net Promoter Score shows a lower number of promoters than detractors. In this group, respondents are more likely to warn others away from the program than recommend it.

Overall

Considering the overall results there are eight initial observations that can be made:

1. There are no specific areas of disagreement in the perception of the training program and its contribution to the development of clinical skills as a psychiatrist, and this trend has remained unchanged since 2020. However, the development of "soft" skills in leadership and management, audit and clinical safety and research has also remained unchanged at a significantly lower level that satisfaction with clinical skill development.
2. Although there was no specific area with poor performance in clinical supervision, the rate has decreased in most aspects since 2020 and monitoring this item is highly recommended.
3. For a second consecutive year there is negative feedback regarding centrally administered assessments. Feedback clearly has been recognised as a source of discontent. There is a deterioration in the perception that examinations ran smoothly and were conducted fairly.
4. The workplace-based assessments were better perceived than College administered assessments.
5. Perceptions related to supervision and the FECs need to be closely monitored because respondents continue to consider FECs to have a weak contribution to the Fellowship program.
6. There is a negative perception regarding the communication from the College about training and the communication with respondents about changes that affect them.
7. The perception of respondents regarding engagement decreased in all aspects and particular attention should be paid to the low agreement that the College sought their views and that they felt represented on College training education committees.
8. The analysis of free-text responses of the 2022 Exit Survey suggests a change in tone from previous surveys. This is likely to be due, at least in part, to the impact of Covid 19 and the failure of the AVOSCE in November 2021. Whilst not all respondents would have been directly impacted as a candidate in the November 2021 AVOSCE, it appears that this event has affected them. The most striking change from previous years is the increasingly negative perception of the College.

Methodology

Questionnaire design

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

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

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

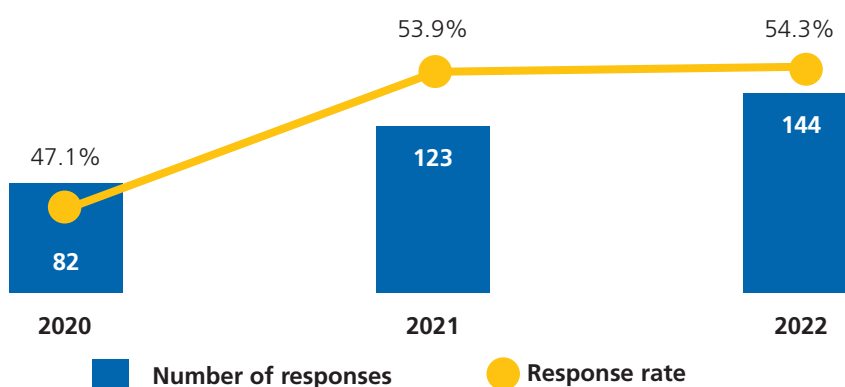
The questionnaire was reviewed in consultation with the Committee for Educational Evaluation, Monitoring and Reporting (CEEMR) and approved by the EC.

Sampling and data collection

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

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

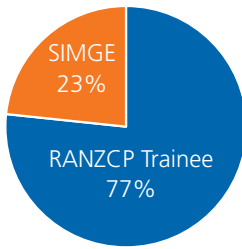
The full data collection was conducted between 1 February 2022 to 31 January 2023. In total, 265 trainees and SIMGs who had completed all requirements of the RANZCP Fellowship between January and December 2022 were invited to participate. Invitations were sent each month to those trainees and SIMGs who were admitted to the Fellowship in that month. The College received responses from 144 respondents. The response rate for the survey was 54.3% (the number of online survey responses/number of survey invitations).



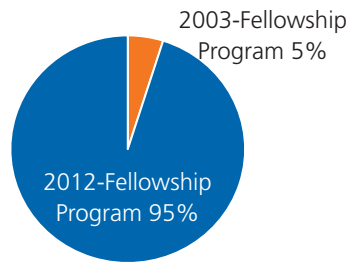
The demographics breakdown is as follows:

- most trainees who completed the survey had completed the 2012-Fellowship program (95%)
- distribution by pathway shows 77% trainees and 23% SIMGs
- 52% trainees identified as man, 43% woman and 2% non-binary/gender diverse.
- 79% are in the range 25 to 44 years old
- around half of the participants (48%) completed their primary medical degree in Australia.

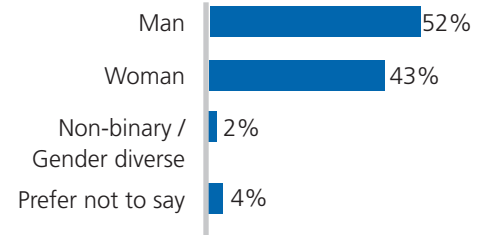
Training pathway



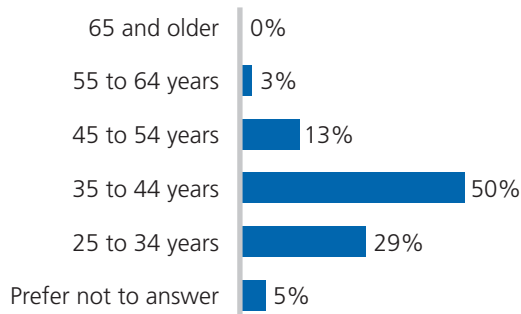
Program



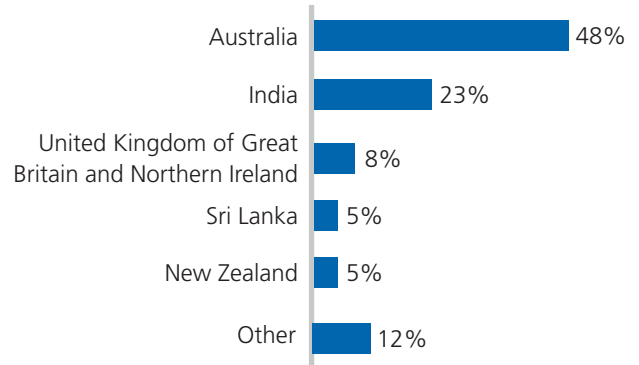
Gender



Age



Primary medical degree



Data Analysis

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

Responses to open-ended questions were analysed using the qualitative data analysis computer software NVivo. Coding of questions was based on the coding framework established for the pilot of the survey, with refinement undertaken during the coding process. Coding was done by a senior member of the Education Department (Manager CPD, Accreditation and Reporting).

How to read this report

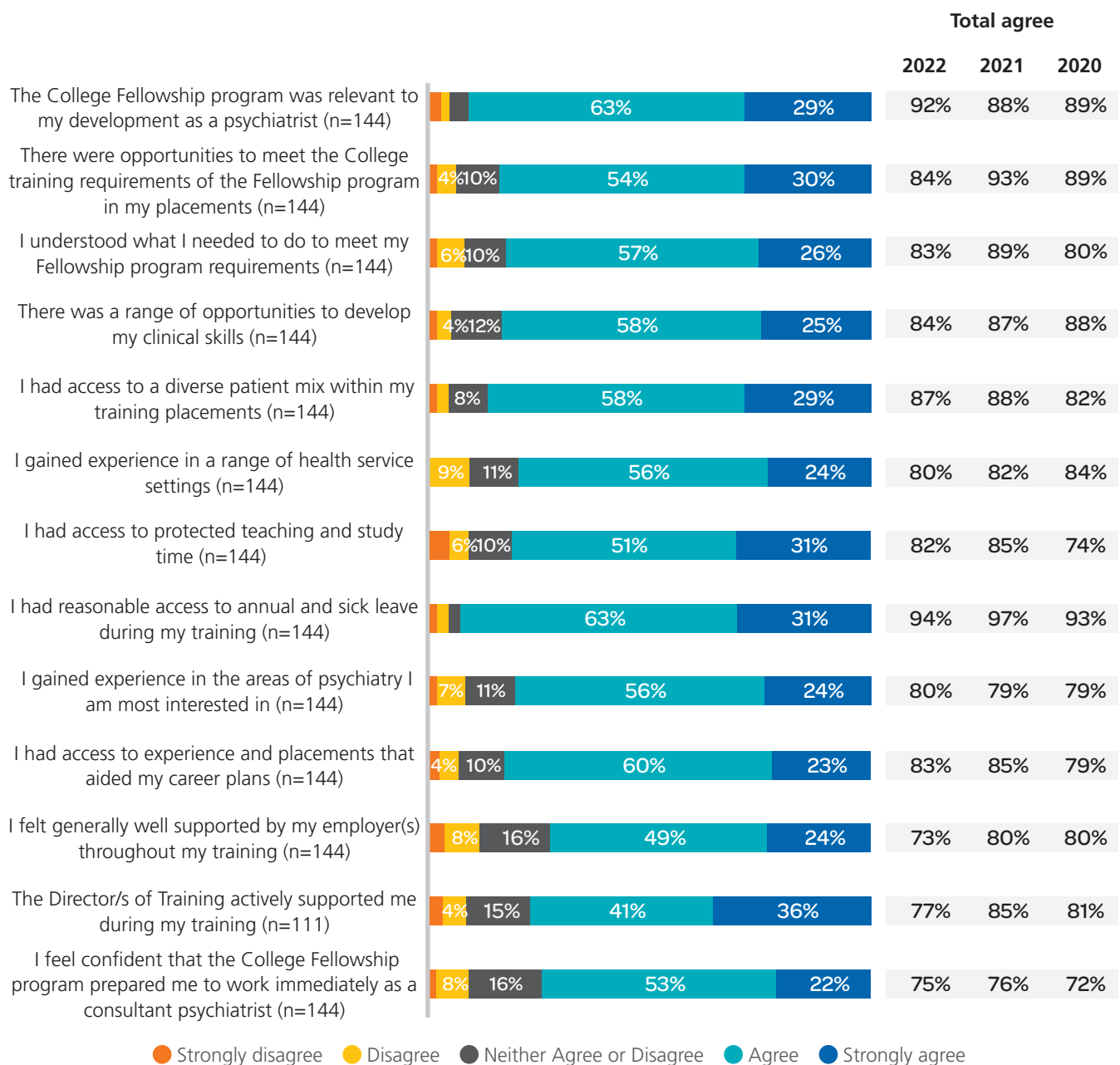
The report follows the RANZCP Exit Survey questionnaire structure. Graphs with the original categories have been created and labels for categories of 3% and below have been removed to facilitate the visual presentation. An additional table has been included aggregating perceptions that reflect a positive attitude since 2020. Results presented in this report have been rounded up to the nearest whole percent and in some cases, answers may add to more than 100%.

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

1. RANZCP Fellowship program

Respondents were asked to rate aspects of the training program. Most, around nine out of ten, 'strongly agreed' or 'agreed' that the College Fellowship program was relevant to their development as psychiatrist and that they had reasonable access to annual and sick leave during their training. There was not a specific area of disagreement with other statements, and the perception in most aspects has remained unchanged since 2020. Only 9% 'disagreed' that they gained experience in a range of health services settings, and that they felt confident that the College Fellowship program prepared them to work immediately as a consultant.

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

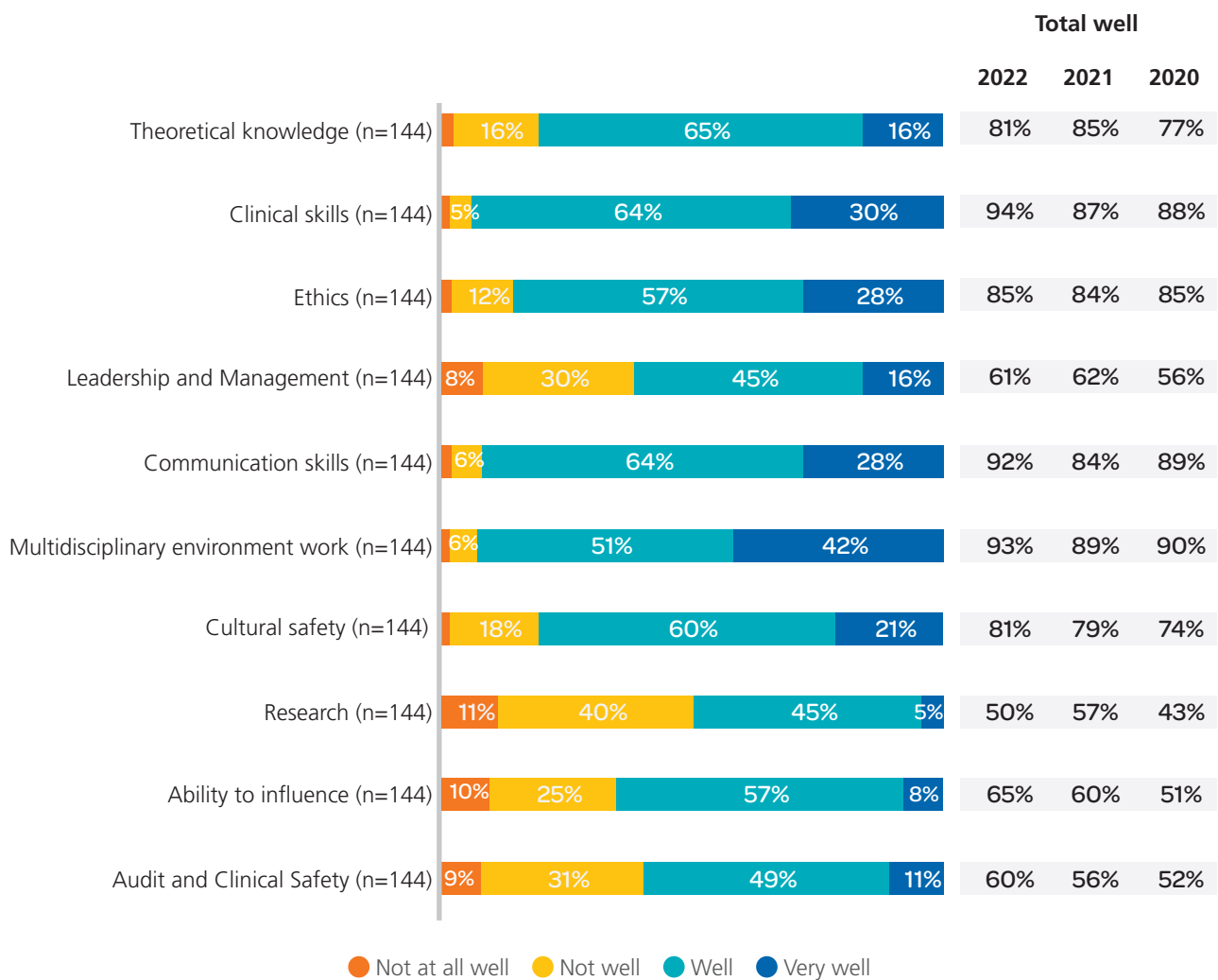


* Note: Labels 3% and below removed from chart

2. Skills development

Respondents were asked to evaluate how well the program contributed to the development of specific skills related to the RANZCP Fellowship competencies. Overall, clinical skills (94%), experience working in a multidisciplinary environment (93%), communication skills (92%), ethics (85%), theoretical knowledge (81%), and cultural safety (81%) were well perceived. Ability to influence (65%), Leadership and management (61%), Audit and Clinical Safety (60%) and Research (50%) were considered to have a weak contribution from the Fellowship program, a trend that has remained since 2020.

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



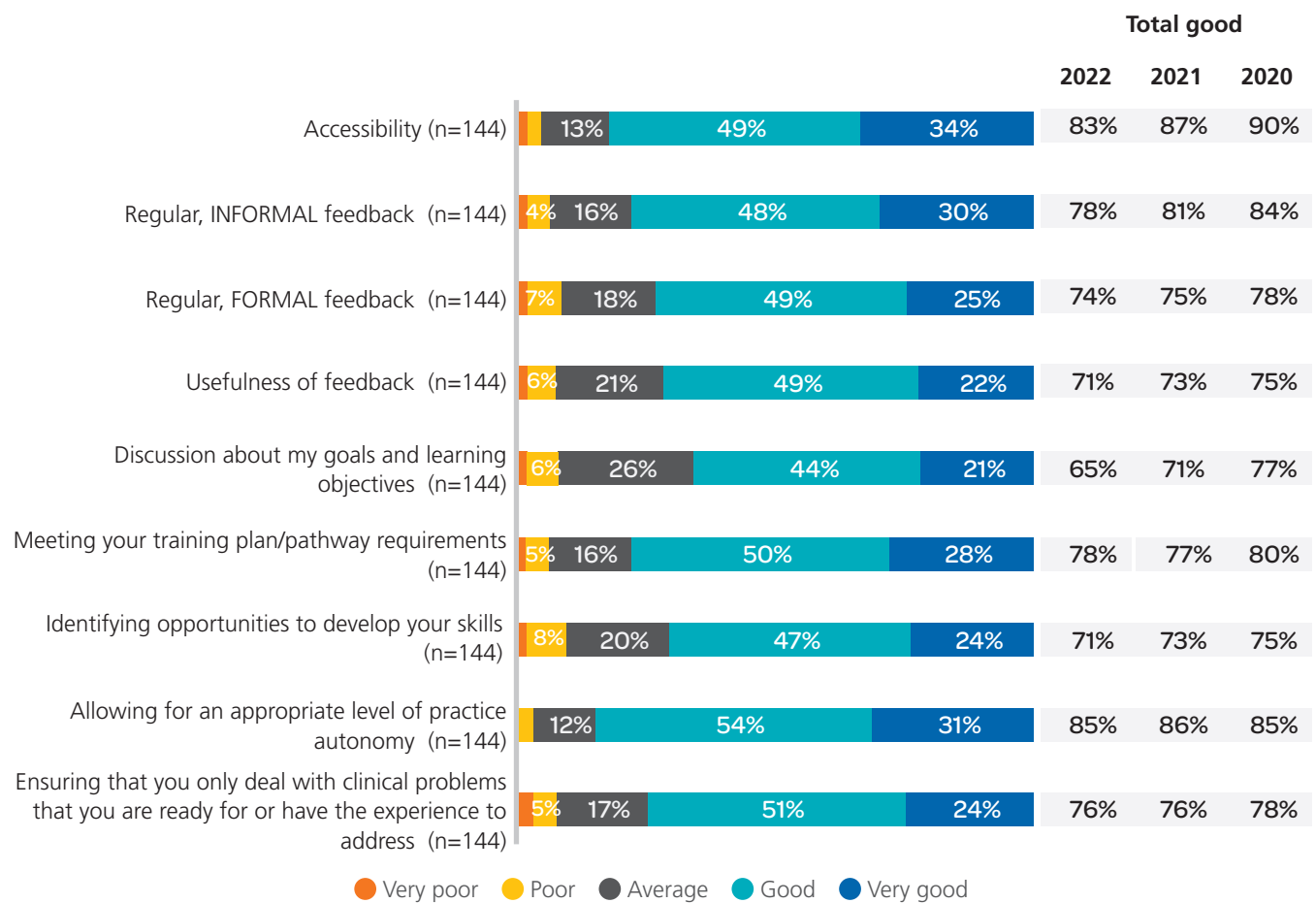
* Note: Labels 3% and below removed from chart

3. Clinical supervision

Indicators of quality supervision were rated by respondents on a scale of one to five where one was considered 'very poor' and five 'very good'. Allowing for an appropriate level of practice autonomy and accessibility received the higher ratings, both above 80%. Other indicators were rated between 70% and 80%, and 65% perception of good quality for discussions about goals and learning objectives.

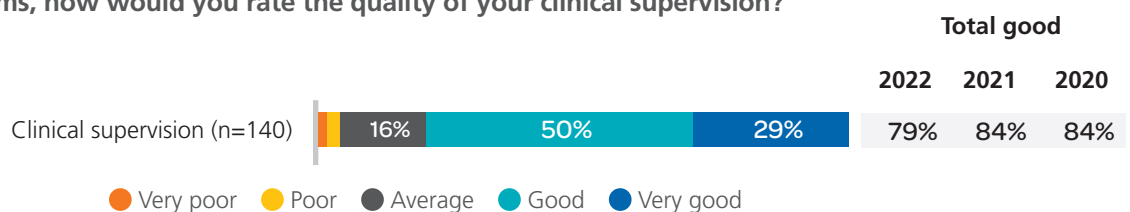
Although there was not a specific area with poor performance, the rate has decreased in most of the aspects since 2020.

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



Overall, respondents rated the quality of their supervision as 'good' or 'very good'. A total of 29% of respondents rated the quality 'very good' and 50% 'good'. Only 5% ranked with 1 'Very poor' or 2 'poor' quality of supervision and 16% 'average'. The aggregated positive rate decreased compared to 2020 and 2021.

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



* Note: Labels 3% and below removed from chart

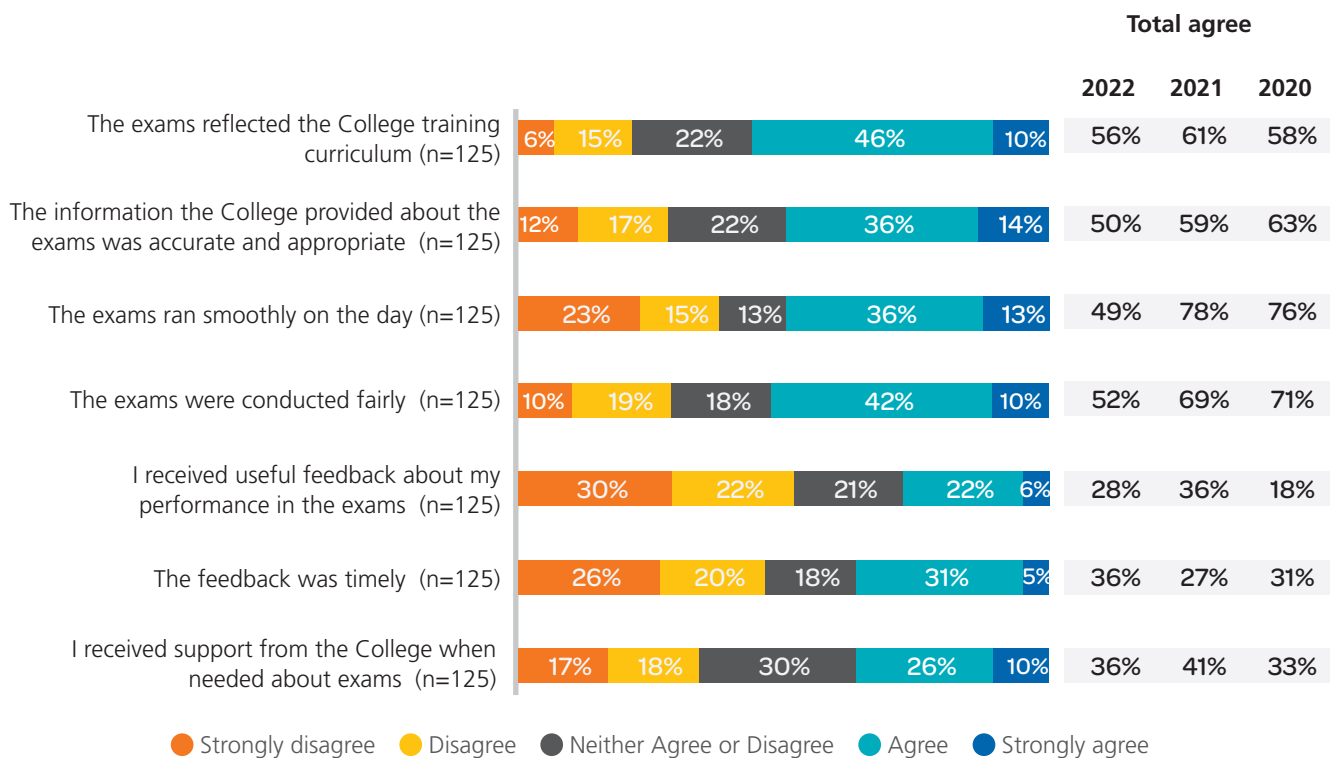
4. Assessments

All trainees and SIMGs completing the partial comparability pathway were asked about College-administered summative examinations. Only five out of ten 'strongly agreed' or 'agreed' that the examinations reflected the College training curriculum (56%) and that the information the College provided about the examinations was accurate and appropriate (50%).

There was a considerable deterioration in the perception that examinations ran smoothly on the day (49%) and were conducted fairly (52%) compared with 2020 and 2021.

The low perception that they received useful and timely feedback and support from the College when needed about examinations has remained unchanged since 2020.

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

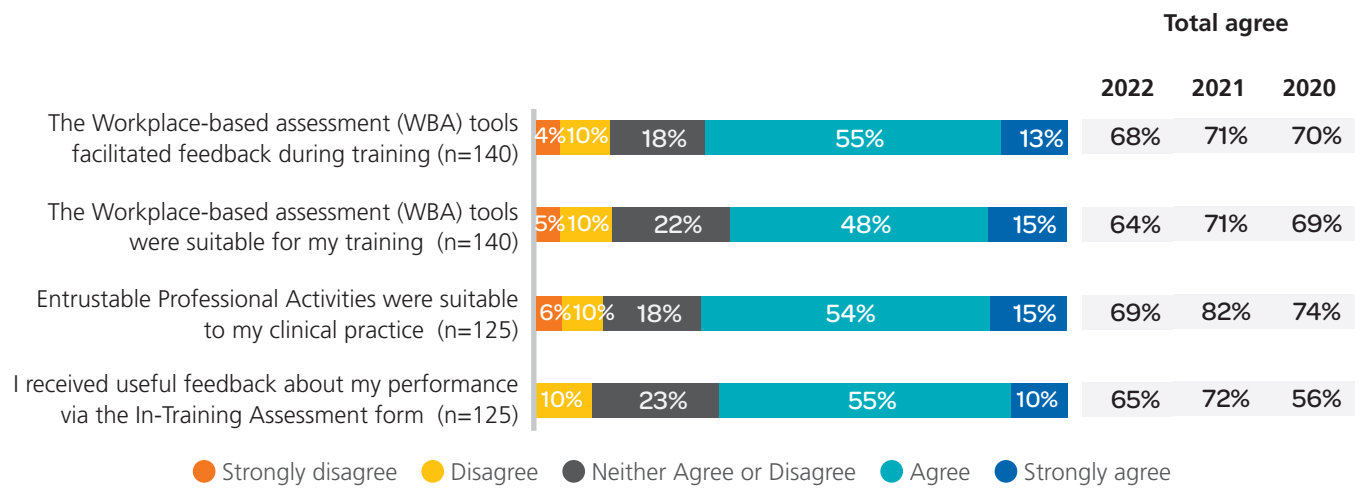


* Note: Labels 3% and below removed from chart

When respondents were asked about workplace assessments, 64% of them considered that EPAs were suitable to their clinical practice, 68% that WBA tools facilitated feedback during the training, 65% that the feedback received about their performance via In-training assessment forms was useful and 69% that WBAs were suitable for their training.

Although there was not a specific area with poor performance, the rate decreased in all aspects compared to 2021.

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

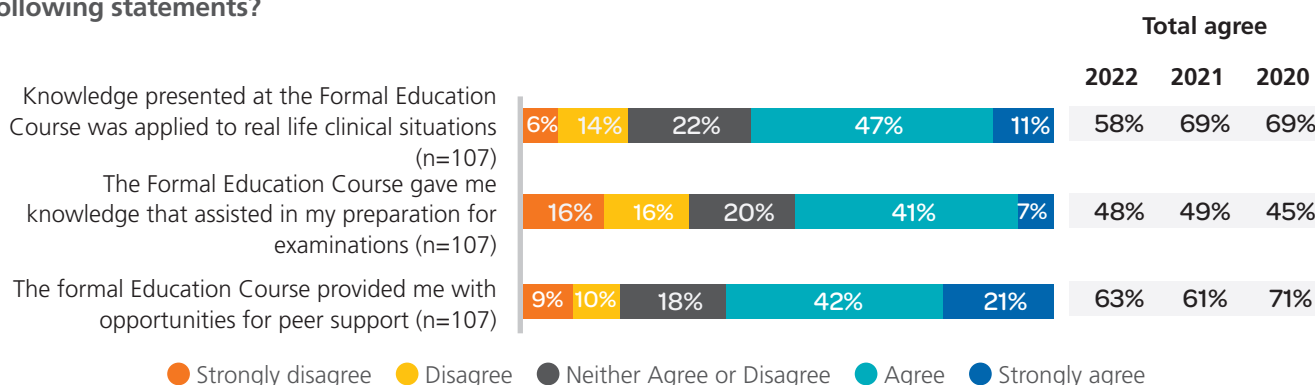


* Note: Labels 3% and below removed from chart

5. Formal Education Courses

Respondents consider that Formal Education Courses (FEC) have a weak contribution to the Fellowship program. The perception in most aspects has remained low since 2020, and there is a decreased perception that the knowledge presented at the FEC was applied to real life clinical situations (58%) and that the FEC provided them with opportunities for peer support (63%). Only 48% 'agreed' or 'strongly agreed' that the FEC gave them the knowledge that assisted in preparing for examinations.

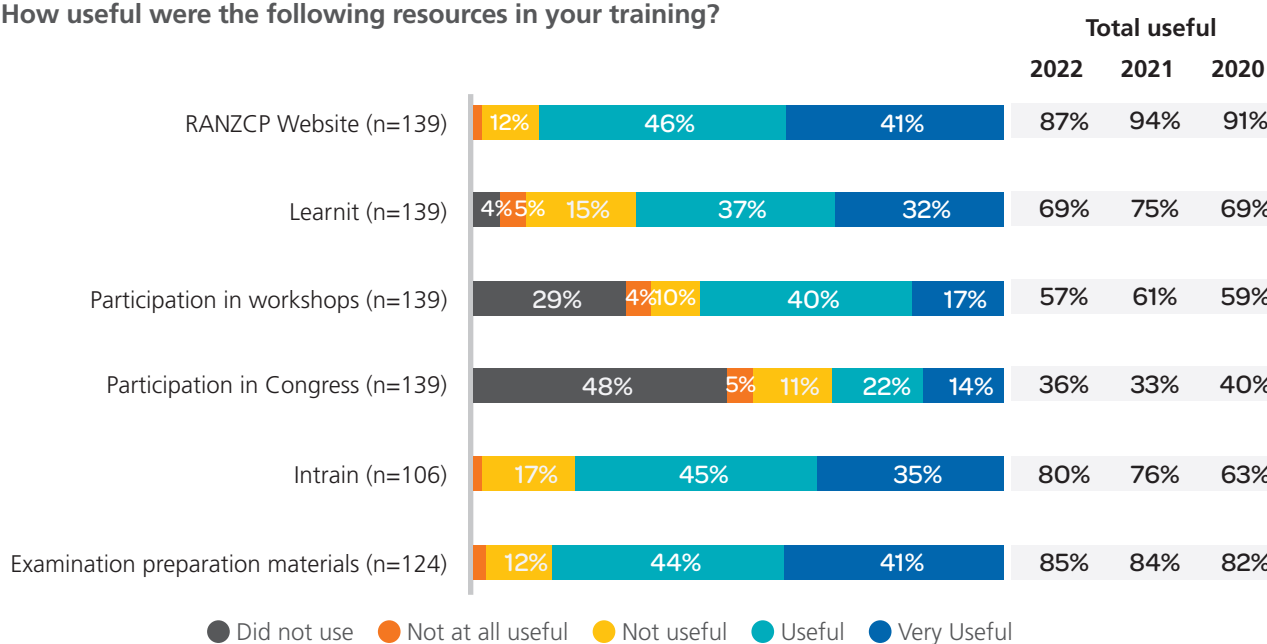
Q.10 Thinking about Formal Education Courses to what extent do you agree or disagree with each of the following statements?



6. RANZCP Resources

Six RANZCP resources were evaluated in terms of usefulness to the trainees during the training program. Most Respondents reported that they used each resource with the exception of 'did not use' answers being particularly high for participation in workshops and the Congress with 29% and 48%, respectively. The RANZCP Website and examination preparation materials continue to be considered the most useful, with 'very useful' or 'useful' reported by 87% and 85% of respondents, respectively. Participation in Congress is perceived as the least useful (36%). There was a considerable improvement in the perception that Intrain was useful (80%) compared to 2020 and 2021.

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

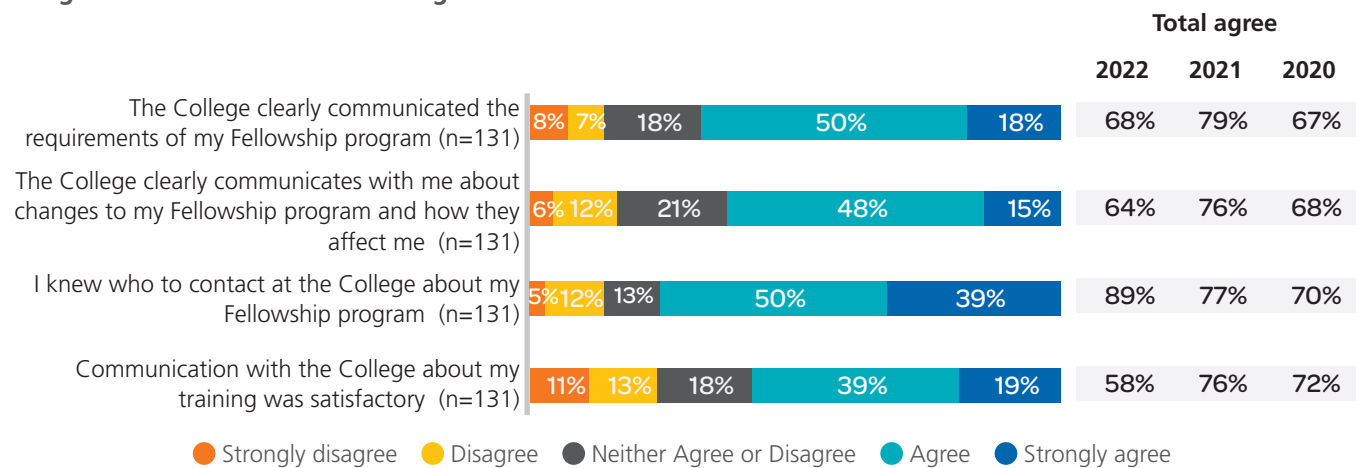


* Note: Labels 3% and below removed from chart

7. College communication and interaction

Respondents were asked about College communication and interaction. Around 9 out of 10 (89%) 'strongly agreed' or 'agreed' that they knew who to contact at the College about the Fellowship program, and 6 out of 10 that the College clearly communicated the requirements and changes of their Fellowship program. Only 58% of trainees 'strongly agreed' or 'agreed' that the communication with the College about their training was satisfactory, a considerable decrease compared to 2020 and 2021.

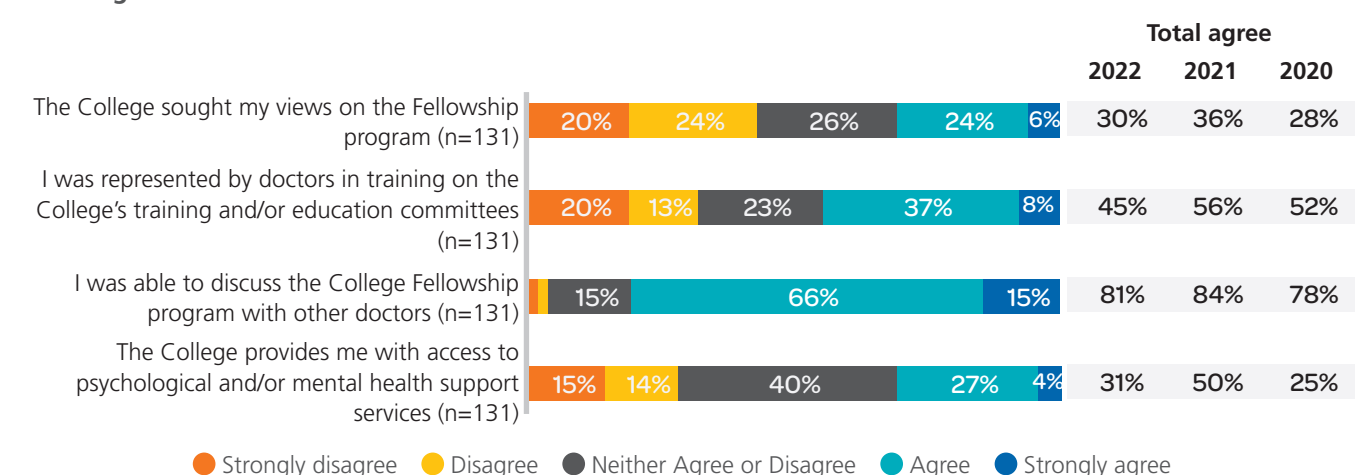
Q.12 Thinking about how the College communicates and interacts with you to what extent do you agree or disagree with each of the following statements?



8. College engagement

College engagement shows no improvement in the perceptions of the statements provided to the respondents compared to 2021. The only positive perception, eight out of ten (81%) 'strongly agreed' or 'agreed' with their ability to discuss the College Fellowship program with other doctors. However, only 45% 'agreed' and 'strongly agreed' that they were represented by doctors in training on the College's training and/or education committees, and around 30% that the College sought their views on the Fellowship program and provided access to psychological and/or mental health support services.

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

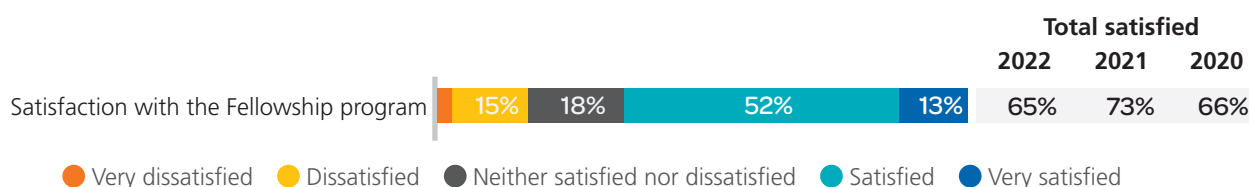


* Note: Labels 3% and below removed from chart

9. Overall satisfaction

The overall satisfaction is represented by the top two response categories (very satisfied or satisfied). This round of evaluation reports a 65% overall satisfaction with the Fellowship program (52% satisfied and 13% very satisfied). The overall satisfaction shows signs of volatility between 65% and 73% since 2020.

Q.16 Overall how satisfied or dissatisfied are you with the Fellowship program?



* Note: Labels 3% and below removed from chart

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

The percentage of 'detractors' or people who gave a rating of 0 to 6 are subtracted from the percentage of 'promoters' or people who gave a rating of 9 or 10 to calculate the NPS.

Overall, the NPS for the RANZCP Fellowship program for the 2022 group shows a higher number of detractors (36%) than promoters (32%). Of the new Fellows from January to December 2022, 32% can be considered as passively satisfied with the Fellowship program, and there is an increase in the detractors compared with the 2021 round. From an absolute perspective, the score below 0 implies that the respondents in this round are more likely to warn others away from the program than recommend it.

Q.17 On a scale 0 to 10, how likely is that you would recommend the RANZCP Fellowship program to other potential trainees?

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

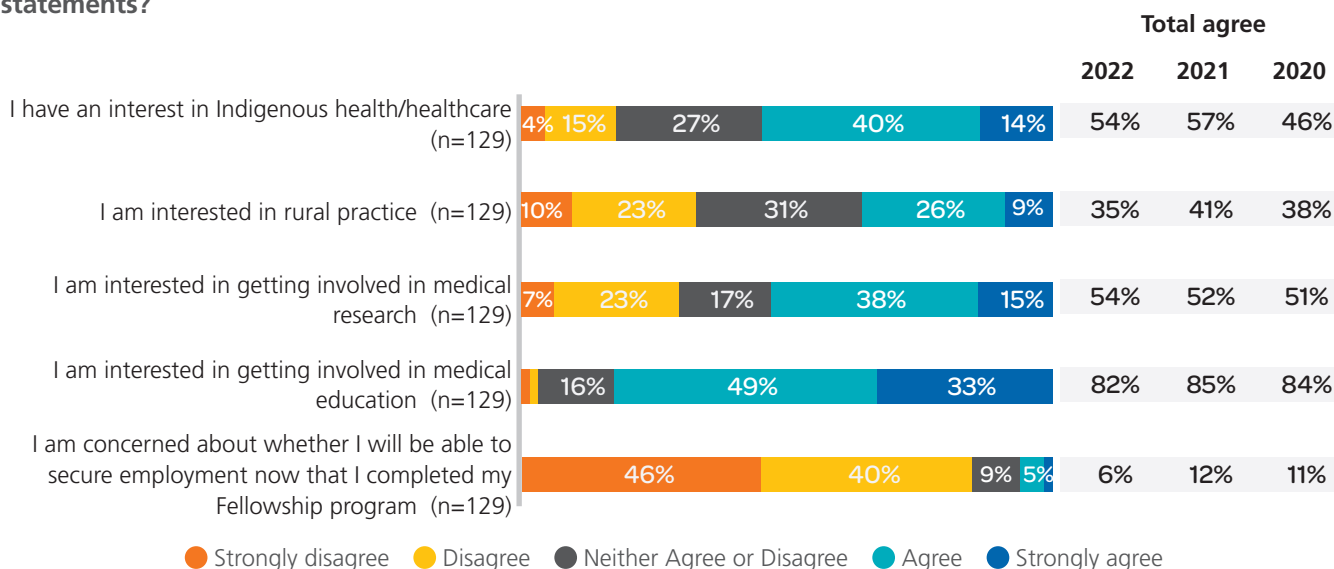
1 In the Net Promote Score (NPS) respondents are categorised into one of three groups based on their responses. Promoters who respond with score of 9 or 10 are considered likely to exhibit positive referrals to others. Detractors who respond with a score 0 to 6 are believed to be less likely to exhibit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

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

10. Future career intentions

Respondents were asked to respond to general statements related to future career intentions. A high percentage of respondents declared interest in getting involved in medical education (82%), and one out of two are interested in indigenous health/healthcare (54%) and medical research (54%). When respondents were asked about the security of employment, only 6% of respondents reported any concern about obtaining secure employment at the time of completing the Fellowship program.

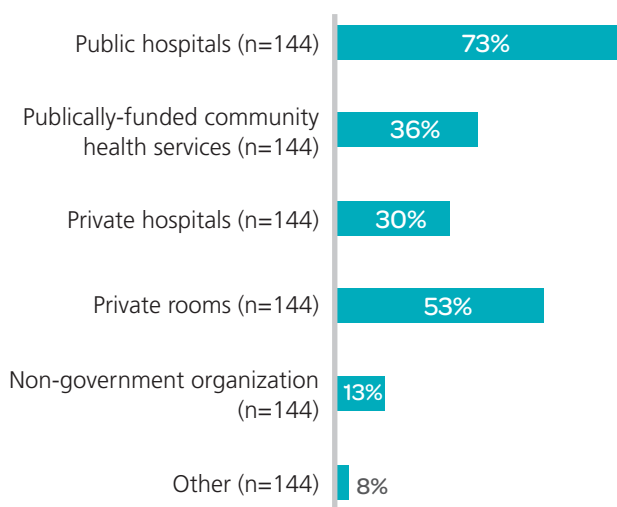
Q.18 Thinking about your future career, to what extent do you agree or disagree with the following statements?



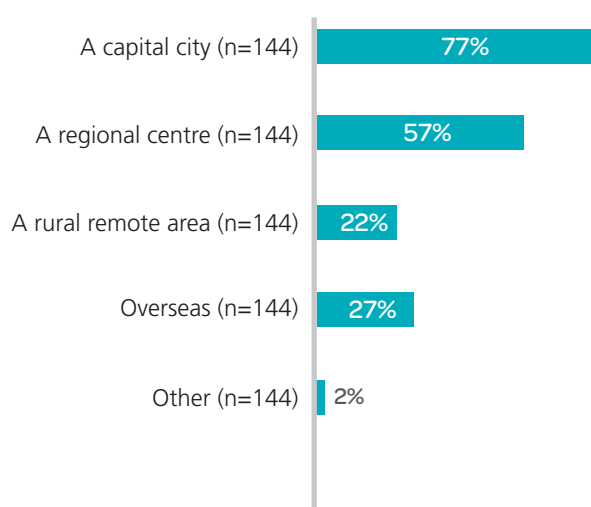
* Note: Labels 3% and below removed from chart

Public hospitals (73%) and Private rooms (53%) were the most common intended clinical settings within the next five years. When respondents were asked about intended locations, a capital city or regional centre were the more attractive options (77% and 57% respectively).

Q.19 Within the next 5 years, do you intend to practice in?



Q.20 Would you consider working in health services located in?



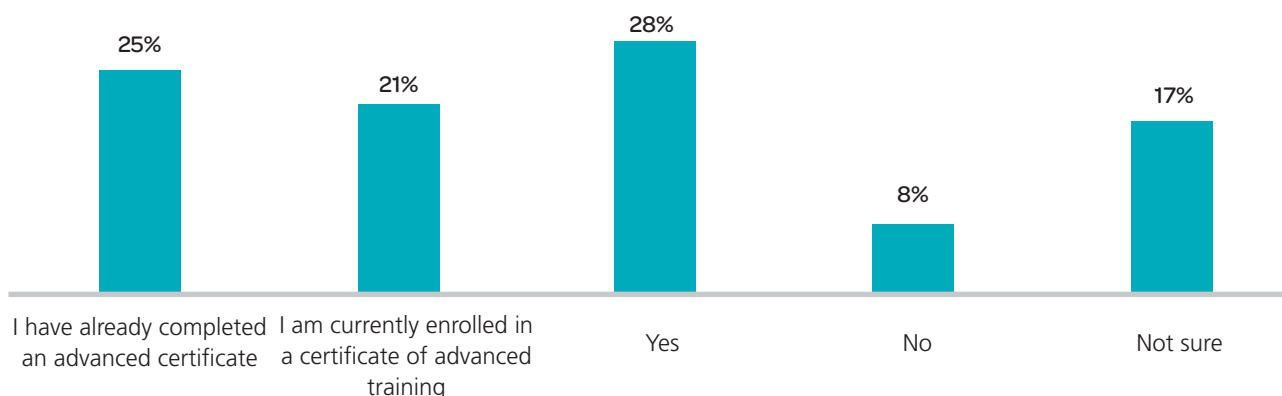
All respondents were asked (prompted) to select the speciality areas of psychiatry in which they intend to work. The most common areas selected were adult psychiatry (60%), community psychiatry (40%) and C-L Psychiatry (24%). The less popular were eating disorders (8%) and intellectual and developmental disabilities (8%).

Q.21 What speciality areas of psychiatry do you intend to work in?

Area	Total
Adult psychiatry	60%
Community psychiatry	40%
C-L Psychiatry	24%
Youth	22%
Psychotherapies	19%
Trauma	17%
Academic/research psychiatry	17%
Indigenous	14%
Child and adolescent psychiatry	14%
Addiction	13%
Perinatal and Infant Psychiatry	12%
Psychiatry of old age	12%
Forensic Psychiatry	11%
Administration/Management	10%
Neuropsychiatry	9%
Eating disorders	8%
Intellectual and Developmental Disabilities	8%
Other	7%

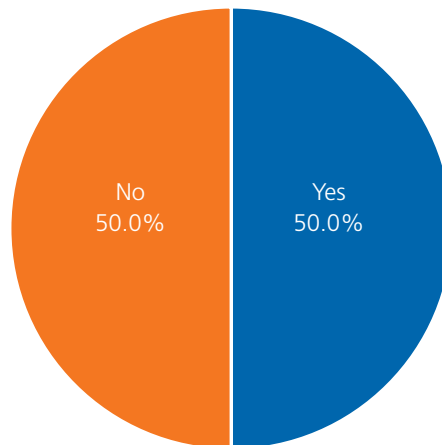
One out of four respondents (25%) stated that they had already completed a Certificate of Advanced Training, 21% indicated that they were currently enrolled in a Certificate of Advanced Training, and 28% are considering more formal training such as a Certificate of Advanced Training. Some of the options mentioned for the last group were Psychotherapies, Addiction Psychiatry, Adult Psychiatry, Forensic psychiatry and Consultation-Liaison psychiatry.

Q.22 Would you consider more formal training, such as a Certificate of Advanced Training in a sub-speciality



Half of the respondents reported an intention to undertake additional studies or qualifications other than Certificates of Advanced Training. The most frequent responses were management/administration and research. As in 2020 and 2021, these results may reflect a feeling amongst respondents that both areas of Leadership and Management, and Research, are not covered to their satisfaction by the Fellowship program.

Q.24 Do you intend to undertake additional study or qualification other than advanced certificates such as higher education degrees?



Q.25 What other skills are you seeking to gain undertaking higher education degrees? (Open-ended question categorised using NVivo)

Primary focus of intended further study	
Management / Administration	25
Research	13
Psychotherapy	9
Leadership	8
Forensic Psychiatry	5
Public Health and Policy	4
Neuropsychology	3
Ethics	3
Clinical skills	3
Psychodynamics	2
Addictions	2
Family therapy	1
Child and adolescent psychiatry	1
Youth	1

11. Positive attributes

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



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

Attribute	# mentions
Experience	99
Assessment	72
Supervision	49
Trajectory or Progression	36
Local program support	23
Educational resources	19
Administration	15
Formal Education Course	7
Protected training time	6
CanMEDS	3

Further breakdown of the category of experience shows that the variety and breadth of experiences available and the collegiality, including peer support, were considered a positive attribute, as well as the focus on clinical practice. Assessments was the second theme from respondents to this question, with positive feedback of a general nature including the operations of the assessments, the value of the examinations in prompting learning, and the value of the OSCE, PWC and workplace-based assessment.

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

Experience (n=99)	Assessment (n=72)
<ul style="list-style-type: none">• Variety (29)• Collegiality (20)• Clinical skills development (10)	<ul style="list-style-type: none">• General assessment feedback (18)<ul style="list-style-type: none">• WBA's value (12)• OSCE value (9)• PWC value(6)

12. Challenges

Assessments, administration, experiences of training and supervision were the main themes that emerged from this question seeking the challenges faced by respondents. Whilst WBA and operations were given as positive attributes of the Fellowship program, responses indicate that overall, the assessment processes are a challenge. In response to this question, the burden of assessments is the topic most frequently cited as challenging. Other comments include references to the AV OSCE failure and the quality of examination feedback and timeliness of results letters.

“Piling more assessments into an already bloated model that does not capture the skills required for day to day work makes little sense and has only succeeded in burning out the junior workforce, whilst dissuading others from apply for training”

“Long wait times for exam results and then when you get your results, poor or minimal feedback”

“The rules around which EPAs can be completed in each rotation are overly complicated to the point that it is easy to do the wrong EPA by accident. Such rules are also often unreasonable and lack flexibility”



“Supervision was quite variable”

“Lack of supervisors who performed to the standard required of trainees to pass exams”

“Access to appropriate supervision for scholarly project and psychotherapy case in regional and rural setting”

“The RANZCP supervisor being the clinical supervisor sets up a conflict of interest when service needs appear to trump supervision needs”

“The November 2021 OSCE was unacceptable in everything that the college did”

“Disconnected head office. Poor communication about ever changing assessments. Long waits to get exam and SP and PWC results”

“There was minimal transparency in the trainee requirements - often I had to ask other trainees to clarify what was needed”

“I found the training program’s focus on psychotherapy to be minimal and inadequate”

“Trying to balance all the requirements is complicated and exhausting”

“The load of requirements is significant”

“The college did not prepare me for the program. It was much more than I expected”

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

Attribute	# mentions	Attribute	# mentions
Assessments	160	Personal challenges	19
College administration	31	Educational resources	18
Experiences of training	24	Employment issues	14
Supervision	24	Bullying/harassment/racism/discrimination	8
Perception of the College	19		

Subthemes in the assessment category reveal that the burden of assessments presents as a significant challenge to the respondents. Subthemes in the administration category show that communication (responsiveness, timeliness, style) and governance (decision making or committees) are challenges for respondents. Subthemes in the experience category relate to the insufficient experience in areas such as research, psychotherapy, private practice, leadership and management and the variability of quality in the experience and supervisors.

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

Assessments (n=160)	College administration (n=31)	Experience in training (n=24)
<ul style="list-style-type: none"> • Bourden of assessments (26) <ul style="list-style-type: none"> • OSCE (22) • Results and feedback (16) <ul style="list-style-type: none"> • CEQ and MEQ (11) <ul style="list-style-type: none"> • PWC (11) • SP (10) • Inconsistent standards or lack of transparency (9) • Insufficient support for examinations (8) • Lack of relevance (7) • General feedback (6) 	<ul style="list-style-type: none"> • Communication (15) • Governance (8) • Online systems (5) 	<ul style="list-style-type: none"> • Insufficient experience (17) • Placement issues (6)
		Supervision (n=24)
		<ul style="list-style-type: none"> • Variability of quality (11) • Attitude and experience of supervisors (4)

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

102 respondents chose not to answer this optional question leaving 48 responses for analysis. Several responses suggested changes in the structures of the College. Other suggestions were related to the improvement of the perception of the College, events and information.

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



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

104 respondents chose not to answer this optional question, leaving 46 responses for analysis. A variety of suggestions were provided but responses suggesting collegiality were the most numerous.

Q.32 Do you have any suggestions as to how the College might provide tailored services and support for trainees and early career psychiatrists?

(Open-ended question categorised using NVivo)



15. Further feedback to the College?

Respondents were asked to give additional feedback to the College. Half of respondents chose not to respond to this question. Two themes that have been explored further are that of assessments, and the perception of the College. The major subtheme in the assessment category was the value of the OSCE. Analysis of the theme of the perception of the College shows negative perceptions of the College and lack of trainee participation.

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

Attribute	# mentions	Attribute	# mentions
Assessments	61	Supervision	6
Perception of the College	30	Personal	2
Positive	14	Structure of the survey	2
Design and structure of the program	13	College mentoring program	1
Experiences of training	12	FEC	1
Administration	8		

Q.30 Do you have any further comments or feedback relating to your impressions of the Fellowship program or the RANZCP in general? Main subthemes breakdown of category – Perception of College and Assessments. (Open-ended question categorised using NVivo)

Assessments (n=61)
<ul style="list-style-type: none"> • OSCE (17) • Essay style examination (11) • Feedback and results (7)

“Think the OSCE exam was excellent in developing practical and clinical skills, and should be returned. It was the most useful out of all examinations- I learnt heaps during my study, and it prepared me well for time-pressured real-life clinical situations. The essay exam seemed to only test written communication and wide understanding of history/ethics which could just as easily be examined in a short-answer exam”

“I feel OSCE is an important examination that can help trainees grow clinical skills. However, the CEQ seems less clinically relevant, though is useful to some extent. I do understand the challenges involved in organising OSCE but hope the college would consider reinstating the OSCE in the future”

“Pay all RANZCP examiners and increase the fees for exams. Immediately provide better exam processes and results turn around < 4 weeks”

Perception of the College (n=30)
<ul style="list-style-type: none"> • Negative perception of the College (16) • Trainee participation (9)

“ “A disrespectful attitude towards trainees was ENDEMIC”

“Lack of ownership on behalf of the college regarding exam system failure. I do not expect college to be perfect, but I do expect college to take responsibility for mistakes, rather than passing the buck on to contractors.”

“I have lost respect for the college in my final year of training which has made receiving fellowship feel like an anti-climax”

“an absolute joke of a college and I wish I could practice as a psychiatrist by joining some other college.”

“The RANZCP faces a significant identity issue which I hope can be addressed in the years to come. Many trainees and training consultants I have spoken with have a negative regard for the college and its support of the current fellowship & trainees. I think the RANZCP would benefit from some PR work to identify better the needs of its constituents and reestablish an alignment with them”

16. Qualitative discussion

The analysis of free-text responses of the Exit survey suggests a change in tone from previous surveys. This is likely to be due, at least in part, to the impact of Covid 19 and the failure of the AVOSCE in November 2021. Whilst not all respondents would have been directly impacted as a candidate in the November 2021 AVOSCE, it appears that this event has affected them.

The most striking change from previous years is the increasingly negative perception of the College.

These themes are not new, are reinforced by the MTS results, and are reflected in the AMC report of the accreditation of the College (2022). The AMC conducted extensive interviews with trainees, supervisors and other stakeholders across Australia and New Zealand and the conditions of that report are in line with the results of this analysis.

Assessments

Respondents expressed a desire for the return of the OSCE as a “good” clinical examination. The standardisation of the OSCE appears to be of great importance to trainees. This suggests that changes in the program of assessments to place greater emphasis on workplace-based assessment will need to have a well-considered change and communication strategy in place to ensure that the educational validity of the change is understood.

Many respondents recognised that assessments – both centrally administered summative assessments and workplace-based assessments – were drivers of their learning and felt this to be a positive aspect of the Fellowship program.

However, there are significant areas of concern. There is continued dissatisfaction with the burden of assessments, the written examinations, both CEQ and MEQ, and the feedback and results from examinations, both the lack of detail and the time taken.

There is a perception that the assessments are not relevant to the realities of practice and do not reflect the curriculum of the Fellowship program.

Workplace-based assessment is a concern for some, particularly regarding the rules and complexities of ensuring the correct EPA is undertaken and the understanding of supervisors of the process.

Experience

Respondents value the collegiality and peer support that are part of the experience of the Fellowship program, along with the variety and breadth of experience that the program provides. This suggests that the generalist nature of the Fellowship program is a positive attribute. However, there are areas of practice and experience that trainees feel are not covered in sufficient detail. These areas include leadership and management, private practice, and psychotherapy. This has been a consistent response in each of the exit surveys conducted to date and indicates that trainees are entering the Fellowship feeling underprepared to meet some of the “job” requirements of the consultant psychiatrist.

Communication

Communication from the College is a significant source of dissatisfaction, with many respondents feeling talked down to and reporting an adversarial “us” and “them” relationship.

Governance

The governance of the College, particularly a perceived lack of independent representation of the trainees’ views and concerns, was evident in the responses. The existing trainee representation structures are viewed with some suspicion, and voting rights for trainees is an issue that is of concern to them and one which is perpetuating a negative perception of the College and its governance.

Supervision

Supervision, when provided with skill, empathy and interest, is recognised as a great feature of the Fellowship program. However, the variable quality of supervisors and the role of some in bullying and harassment is of concern.

Work-life balance

For some trainees the Fellowship program's flexibility regarding part-time training is a significant benefit, allowing family leave and work-life balance. For others, it is clear that employment/industrial issues such as workload and the tension between service delivery and training, including impacts on protected training time, is the reality.

Formal Education Courses (FECs)

There is continued dissatisfaction with FECs particularly their relevance to clinical practice and summative assessments. This issue should be considered by the FEC review project.

Bullying, harassment, racism and discrimination

Whilst not widely referenced in the responses, bullying, harassment, racism and discrimination is reported. Whilst these are industrial issues, these should be zero-tolerance issues.





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